



COUNTY BOROUGH OF SOUTHEND-ON-SEA

REPORT

ON THE WORK OF THE

PUBLIC HEALTH DEPARTMENT

For the Year 1949



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COUNTY BOROUGH OF SOUTHEND-ON-SEA

HEALTH COMMITTEE.

Chairman :

Alderman W. H. Calvert.

Vice-Chairman :

Alderman Mrs. M. Broom.

Alderman F. Cause	Alderman Mrs. C. Leyland, M.B.E.
Alderman J. J. Sullivan	Alderman T. G. Tyler, M.M.
Councillor M. J. Berry	Councillor W. Bray
Councillor B. S. Clarke, M.P.S.	Councillor G. R. Croxall
Councillor A. Crush	Councillor Mrs. W. M. Dalwood
Councillor A. E. Hill, J.P.	Councillor Mrs. E. M. Oxley
Councillor H. M. Royle, F.C.S.	

Co-opted Members :

W. R. Masters, Esq.

Mrs. L. A. Lewis

Dr. F. Newman Norman

CARE, AFTER CARE AND WELFARE SUB-COMMITTEE.

The Council Members of the Health Committee, together with Mrs. S. Sylvester, W. R. Masters, Esq., and Revd. J. D. Mann,

MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

The Council Members of the Health Committee, together with Mrs. A. E. Jarvis, Miss M. E. Reay, C.B.E., J.P., and Dr. Newman Norman.

RESIDENTIAL ACCOMMODATION SUB-COMMITTEE.

The Council Members of the Health Committee, together with Mesdames A. E. Jarvis, F. E. Monk and H. M. Treby-Harvey.

CHILDREN COMMITTEE.

Chairman : Alderman F. Cause.*Vice-Chairman :* Alderman Mrs. C. Leyland, M.B.E.

Alderman W. H. Calvert	Councillor Mrs. E. M. Oxley
Councillor W. Bray	Councillor Mrs. W. M. Dalwood
Councillor E. C. Jones,	Councillor P. B. Renshaw, I.S.O.
M.C., J.P.	Councillor H. M. Royle, F.C.S.

Co-opted Members :

Miss E. O. Dowsett

A. B. Kelly, Esq.

Mrs. S. Whistler

Mrs. K. Tweedy-Smith, J.P., R.R.C.

JOINT HEALTH AND EDUCATION COMMITTEE.

Chairman : Alderman Mrs. M. Broom.

Alderman W. H. Calvert

Alderman Mrs. C. Leyland, M.B.E.

Councillor W. Bray

Councillor E. A. Clarke

Councillor B. S. Clarke, M.P.S.

Councillor A. Crush

Councillor Mrs. E. M. Oxley

Councillor P. B. Renshaw, I.S.O.

Councillor H. M. Royle, F.C.S.

Mrs. S. Sylvester

Miss M. E. Reay, C.B.E.

ANNUAL REPORT

I have the honour to present a report on the work of the Public Health Department for the year 1949, compiled as directed by Ministry of Health Circular 2/50.

There was a further rise in the number of the population as estimated by the Registrar General. The number of births shewed, as in the previous year, a decline from the record total of the year 1947, thus confirming the estimates which had been made. The experience in regard to general, infant and maternal mortalities as well as the incidence of still-births continued to be favourable.

The most dramatic occurrence of the year was the unfortunate outbreak of food poisoning associated chiefly with the eating of shell fish. The illnesses, were, except in a few instances, short-lived, recovery usually being rapid and complete. Happily there were no deaths, even in the elderly. Complete scientific proof as to the cause was not forthcoming, although there can be little doubt but that the high and sustained record temperatures of late August and September caused in this food a massive proliferation of non-specific organisms which in many instances produced gastro-enteritis.

Now that it has been possible to discern more clearly the consequences of the new social legislation, there is no occasion, seriously to modify, the opinions tentatively set out last year. There has been much good will and harmony between the various agencies concerned, and the Department has been fortunate in its relations with the Hospital Management Committee, the Local Executive Council and the Area Office of the National Assistance Board. Consequently it can be said with confidence that the changes in administration have come about smoothly and without detriment to the interests of the public.

To the Committees whom we serve, and to my staff, I am indebted for continued and unfailing support and loyal effort. These have made the work of the year pleasant and satisfying and this opportunity is taken of expressing gratitude for the great obligations of which I am sensible.

J. STEVENSON LOGAN,

Medical Officer of Health

VITAL STATISTICS, 1949.

POPULATION

Census 1931 (prior to the Extension of the Borough on the 1st October, 1933)	120,093
At mid-year, 1949, as estimated by Registrar General, Civilian	148,600
Total	149,500
At mid-year, 1939, as estimated by Registrar General ...	137,800

LIVE BIRTHS

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Number of legitimate births	1,146	1,074	2,220
Number of illegitimate births	71	75	146
Total Births	1,217	1,149	2,366
Birth Rate per 1,000 Residents	...	...	15.92
Illegitimate Birth Rate per 1,000 Residents	...	...	.98

STILL BIRTHS

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Number of legitimate still births	21	15	36
Number of illegitimate still births	—	—	—

DEATHS

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Number of deaths	888	1,032	1,920
Death rate per 1,000	...	...	12.92

(This figure, to render it comparable with the death rate for the country as a whole, has to be multiplied by the "comparability factor," .83, which has been supplied by the Registrar General as requisite to redress the abnormal constitution of the local population from the point of view of sex and age components. Applying this factor, the corrected death rate is 10.73.)

Women dying in, or in consequence
of, child birth:—

	<i>No.</i>	<i>Rate per 1,000 Births (Live & Still)</i>
From Sepsis	1	.41
From other causes	—	—
Total	1	.41

INFANT MORTALITY RATE

All infants per 1,000 live births	25.78
Legitimate infants per 1,000 legitimate live births ...	26.12
Illegitimate infants per 1,000 illegitimate live births ...	20.55

ZYMOTIC DEATHS

No. of deaths from:

Measles	...	...	...	...	...	1
Whooping Cough	...	...	...	...	...	—
Diarrhoea and Enteritis (Under 2 years of age)	...	...	...	...	...	2
Scarlet Fever	...	...	...	...	...	—
Diphtheria	...	...	...	...	...	—
Smallpox	...	...	...	...	...	—
Typhoid Fever	...	...	...	...	...	—
Total Zymotic Deaths						3

Zymotic Death Rate per 1,000 population ... 0.02

The following table, based on that issued by the Registrar General is given for comparison:—

	<i>Annual Rate per 1,000 living</i>		<i>Deaths under one year to 1,000 births</i>
	<i>Live Births</i>	<i>Deaths from all causes</i>	
England and Wales ...	16.7	11.7	32
126 County Boroughs and Great Towns ...	18.7	12.5	37
148 Smaller Towns ...	18.0	11.6	30
London ...	18.5	12.2	29
Southend-on-Sea ...	15.9	10.7	25.7

*Maternal Mortality Rate per 1,000 total
births (live and still):*

	<i>England & Wales</i>		<i>Southend</i>
Puerperal Sepsis	...	0.22	0.41
Other cases	...	0.76	—
Total	...	0.98	0.41

POPULATION

The Registrar General's estimate of the mid-year population was 149,500. For the first time this distinguishes between civilians and non-civilians; the estimated number of civilians was 148,600. The total estimated population showed an increase of 1,200 on the figure for last year.

BIRTHS

The number of live births registered was 2,366, a decrease of 122 on the previous year.

Illegitimate births totalled 146, as compared with 132 in the previous year, the rate per thousand births being now 62 as compared with 58 in 1938.

There were 36 stillbirths, 7 less than last year. The stillbirth rate of 15 per 1,000 compares with a rate of 16.9 in 1948 and 38.5 in 1938.

DEATHS

The number of Southend residents dying during the year was 1,920, equivalent to 12.92 per 1,000, as compared with 12.49 per 1,000 last year. The unfavourable rate is, of course, due to the age constitution of the population, and when corrected by the use of the appropriate "comparability factor" is reduced to 10.7 per 1,000, the rate for England and England and Wales being 11.7 per 1,000.

INFECTIOUS DISEASES

There were 3 deaths from zymotic diseases, 2 being due to diarrhoea and enteritis in children under the age of two.

Pneumonia caused 98 deaths, 85 of which were in persons over the age of 65.

Tuberculosis. There were 50 deaths from pulmonary tuberculosis, 37 males and 13 females. Of the male deaths 27 were of persons over the age of 45. Other forms of tuberculosis accounted for 3 deaths.

Cancer. There were 319 deaths from this cause, males 150, females 169.

Intra-cranial vascular lesions. There were 255 deaths from this cause, 97 males, of whom 74 were aged 65 and over, and 158 females, of whom 136 were aged 65 and over.

Heart Disease. This cause accounted for 566 deaths, 247 males of whom 193 were over the age of 65, and 319 females, of whom 278 were over the age of 65.

Violence. There were 14 suicides, 15 road traffic deaths, and 27 from other forms of violence.

Infant mortality. There were 61 deaths of infants under one year, an infant mortality rate of 25.7 per 1,000. This is a little less favourable than the low record rate of the previous year, namely 22.1 but it compares very favourably with the national rate of 32 per 1,000.

Maternal mortality. The Registrar General's figures show one maternal death, or 0.41 per 1,000, which is practically the same as the previous year's low record of 0.4 per 1,000.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

1. WHOLE TIME

James Stevenson Logan, M.B., Ch.B., D.P.H., Medical Officer of Health; School Medical Officer.

John Conway Preston, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H., Deputy Medical Officer of Health; Deputy School Medical Officer.

John Greenhalgh, M.B., B.S., (Lond), M.R.C.S. (Eng.), L.R.C.P., D.A., Assistant Medical Officer of Health; Assistant School Medical Officer.

Gladys Lilian Neill, M.R.C.S. (Eng), L.R.C.P. (Lond.), M.B., B.S. (Lond), Assistant Medical Officer of Health; Assistant School Medical Officer. (Resigned 8.3.49).

Dorothy Kirby Paterson, M.B., B.S., M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Lond.), Assistant Medical Officer of Health; Assistant School Medical Officer (appointed 8.3.49).

Edgar Crees Austen, L.D.S., R.C.S. (Eng.), Senior School Dental Surgeon.

Alexander T. Craig, L.D.S., R.C.S. (Eng.), Assistant School Dental Surgeon. (Resigned 28.3.49).

2. PART TIME

Mrs. Flora Bridge, M.B., B.S., F.R.C.S., Obstetric Adviser, Consultant Obstetrician and Medical Supervisor of Midwives.

E. G. Sita-Lumsden, M.A., M.R.C.P., M.B., B.Chir., Consultant Physician for Tuberculosis.

Ralph Norman, M.D. (Lond.), Medical Officer, Southend Infant Centre; Southend Ante-Natal Clinic and Shoeburyness Infant Clinic.

Joan Lydia Lush, M.B., B.S., B.Sc., M.R.C.S. (Eng.), L.R.C.P., (Lond.), Medical Officer, Southchurch Infant Centre.

Charles Alfred Garside Cato, M.R.C.S. (Eng.), L.R.C.P. (Lond.), Medical Officer, Leigh Infant Clinic.

Mrs. Mary Cecilia Maley, B.A., M.B., B.Ch., B.A.O., Medical Officer Westcliff Infant Clinic.

Ian Stanley Booth, M.B., B.S., B.Ch., Medical Officer Southend Infant Welfare Clinic (Paediatric Registrar, General Hospital, Southend-on-Sea).

CHIEF CLERK AND AMBULANCE OFFICER

Mr. Ernest A. Beasant.

CHILDREN'S OFFICER

Miss D. L. Ridd, B.Sc. Appointed 3.1.49.

NURSING STAFF

Health Visitors and School Nurses:

Superintendent Miss E. M. M. Roberts, (A), (B), (C). Appointed 31.1.49.

Miss K. M. Burnett, (A), (B).

Miss M. Butcher, (A), (B), (C).

Miss M. N. Withams, (A), (B), (C).

Miss D. E. Stevens, (A), (B), (C).

Miss G. M. John, (A), (B), (C).

Miss A. M. Tourret, (A), (B), (C).

Miss F. L. Blackburn, (A), (B), (C).

Miss M. K. Lock, (A), (B), (C).

Miss P. Barritt, (A), (B), (C). Resigned 12.3.49.

Miss G. M. Willcocks, (A), (B), (C).

Miss H. A. Gracey, (A), (B), (C). Resigned 30.12.49.

Miss B. M. James, (A), (B), (C).

Mrs. J. M. Fairfax, (A), (B), (C). Appointed 1.1.49.

Mrs. U. MacGrath, (A), (B), (C). Appointed 4.7.49.

Tuberculosis Health Visitors:

Mrs. E. E. Rowden, (A).

Mrs. C. M. Wilson, (A), (B), (C). Appointed 29.8.49.

Municipal Midwives:

Mrs. A. L. Blackwell (B).

Miss K. Boosey (B).

Miss E. A. Burnett (B).

Mrs. F. D. Etherington (B)

Mrs. C. M. Eggleston (B).

Miss A. M. Kerswell (B).

Miss E. E. Powell (B).

Miss W. M. Randall (A), (B).

Mrs. P. Priest (B).

Miss R. Hodges (B).

Miss I. G. Prince (A), (B).

Miss E. M. Baker (A), (B), (H).

District Nurses:

Full-time Staff:

Superintendent Miss D. G. Head (A), (B), (C), (D).

Miss E. B. J. Berks (A). Resigned 31.7.49.

Miss C. Gallehawk (A).

Miss R. R. McCallum (A).

Miss H. M. C. Maddox (A).

Miss J. C. Mason (A). Resigned 9.8.49.

Miss F. Poskitt (A).

Mrs. A. L. Ventriss (G).

Mr. J. Guildford (A).

Miss D. E. Druitt (A). Resigned 17.9.49.

Mr. R. Yates (F). Appointed 1.1.49; resigned 31.12.49 (F).

Miss D. M. Sheppard (A), (B), (D). Appointed 14.3.49;
resigned 10.6.49.

Miss W. M. Haines (A). Appointed 4.4.49.

Miss I. Yeadell (A), (B). Appointed 18.7.49.

Mr. R. Pace (A), (F). Appointed 4.7.49; resigned 31.12.49.

Miss E. M. Butler (A), (D). Appointed 1.11.49.

Miss W. M. Butler (A), (D). Appointed 1.11.49.

Miss I. M. Withams (A), (B), appointed 4.7.49; resigned 2.10.49.

Part-time Staff:

Mrs. V. M. Baker (A), (B).

Mrs. K. Archer (G).

Mrs. G. D. Lines (A), (D).

Mrs. C. Dale (H).

Mrs. D. E. Dawson (A). Appointed 4.1.49.

Mrs. F. V. Monk (A), (B). Appointed 6.1.49.

Mrs. I. L. Golding (A). Appointed 10.1.49.

Mrs. E. R. Hasted (A). Appointed 19.1.49; resigned 1.4.49.

Mrs. H. Merrick (A). Appointed 5.6.49.
 Mrs. M. Taylor (A), (B), (H). Appointed 5.7.49.
 Mrs. C. Cumberland (A). Appointed 14.8.49.
 Mrs. A. Hillman (E). Appointed 2.12.49.

A = State Registered Nurse.
 B = State Certified Midwife.
 C = Health Visitor's Certificate.
 D = Queen's Nurse.
 E = Certificate of R.M.P.A.
 F = State Registered Mental Nurse.
 G = State Enrolled Assistant Nurse.
 H = State Registered Fever Nurse.

Chief Sanitary Inspector :

Mr. R. A. Drake, B.E.M., M.R.S.I. (A), (B).

Deputy Chief Sanitary Inspector :

Mr. J. H. Lott (A), (B).

Assistant Sanitary Inspectors :

Mr. A. C. Arnold (A), (B).
 Mr. E. A. Smith. (A), (B).
 Mr. R. E. Williams. (A), (B).
 Mr. C. C. Dowding. (A), (B). Resigned 17.4.49.
 Mr. D. H. Till. (A).
 Mr. D. R. Cotgrove, (A). Appointed 25.7.49.
 Mr. A. E. Riches, (A). Appointed 25.7.49.
 Mr. M. J. Desmond, (A). Appointed 25.7.49.

(A) = Certificate of R.S.I. and Sanitary Inspectors
 Joint Board.

(B) = Certificate of R.S.I. for Inspection of Meat
 and other Foods.

Home Teacher to the Blind :

Miss N. G. Westby, Certificated Home Teacher.

Mental Deficiency Officer :

Miss M. A. Brock, Social Studies Certificate, University of
 London.

Duly Authorised Officers :

Mr. W. Price.
 Mr. E. W. Smith.

Supervisor of Home and Domestic Help :

Mrs. F. E. M. Goddard.

RESIDENTIAL SERVICES SECTION

Residential Services Officer :

Mr. H. G. Evans.

Master and Matron of Connaught House :

Mr. and Mrs. C. Farnworth.

STAFF

Happily there have been few staff changes which call for comment. The new post of Superintendent Health Visitor was filled at the beginning of the year by the appointment of Miss E. M. Roberts. The Superintendent of Home Nursing, Miss Head, was appointed non-Medical Supervisor of Midwives towards the end of the year, and made responsible for the day to day administration of the municipal midwifery service in addition to her existing duties.

The changes brought about by the National Health Service Act make co-operation between local health authorities and the hospitals more important than ever, and in the absence of statutory provision this must depend on informal arrangements and personal contacts. These reasons led the Health Committee to welcome a suggestion that Dr. I. Booth, appointed to the newly created post of paediatric registrar at the Southend-on-Sea Hospital should be responsible for conducting one of our infant welfare sessions. This he has done since 1.3.49 to our mutual satisfaction. Dr. Preston, deputy medical officer of health and deputy school medical officer, now acts as clinical assistant at the hospital to Dr. R. H. Dobbs, consultant paediatrician, another instance of happy and fruitful co-operation.

Miss Doris L. Ridd, B.Sc., commenced duty in the department as Children's Officer on January 3rd, 1949. A graduate in science of London University, she had been for some years senior physics mistress at Chelmsford High School for Girls, but, remaining faithful to a family tradition of work for, and interest in, the deprived child, she had for some years been actively associated with Dr. Barnardo's Homes, and during the late war had done much voluntary work in one of their nursery establishments in Essex. It is pleasant to record that she very quickly became quite at home in the department and was welcomed by all as a very acceptable and enthusiastic colleague.

OFFICE ACCOMMODATION

During the year the office accommodation was extended and re-organised. It became evident that unless more space could be made available at the Health Centre, some portion of the administration would have to be separated physically, from the rest, and as the least undesirable alternative it was decided to transfer the Chief Sanitary Inspector's section to a portion of the former Public Assistance Offices at 27 Victoria Avenue. The large waiting hall there was partitioned off to provide a large enquiry counter and a rear office, and each district sanitary inspector was allocated to one of the separate rooms formerly used as District Medical Officer's surgeries. The Chief Sanitary Inspector considers that the efficiency of his section has been enhanced by these good office facilities; but we are all conscious that the separation of such an essential part of our organisation creates difficulties, and possibilities of overlapping and friction.

The large office at the Municipal Health Centre vacated by the sanitary inspectors, was divided by the erection of a sound-proof tempor-

ary partition, so as to form a general office, and a typing and filing room. It was thus possible to give to staff who spend the whole of their time in the office, good working conditions, and the change has been much appreciated.

The transfer of the tuberculosis dispensary to Lancaster House released accommodation which was adapted to provide two intercommunicating rooms for the use of the Children's Officer, a large room for the health visiting staff, together with a tiny room for the Superintendent Health Visitor. With the exception of the latter, this accommodation has proved adequate and satisfactory. The office allocated to the Superintendent Health Visitor is, however, too small, and everyone would like to see an improvement; but the practical means of doing this have not yet been suggested.

The room in the main building vacated by the Health Visitors, lit by windows on two sides and by an overhead lantern light, was given over to the combined child health service and M. & C.W. sections, who now have a light, warm and cheerful room in which to work, instead of two small rooms with a north light, long a source of anxiety.

At the same time some much-needed filing equipment was provided, so that the records with which this section is concerned, are now nearly all immediately to hand, and the staff no longer have to handle from inconvenient heights the wooden boxes which formerly housed the school envelopes. Concurrently with these alterations, additional steel filing cabinets were provided and installed in the typists' room; thus the filing system, which depended largely on the prodigious memory of my predecessor, has gradually been transformed into a system much less personal but more readily understood and worked by other people.

The smaller back room formerly occupied by the general office clerks has been given over to the mental health services section, and the Home Teacher to the Blind has temporarily been installed in the admittedly unsatisfactory room which formerly housed the typists. The two north rooms previously mentioned have been allocated to the domestic help section and the home nursing section respectively, as part of the policy to allocate the less desirable small rooms to members of the staff whose duties require facilities for privacy in the conducting of interviews, and who do not require to spend the whole of their time in the office.

Many of our rooms which had never been redecorated since the building was first adapted at the beginning of 1935, were repainted in a pleasing scheme of primrose and green, instead of the dull brown which had been used before. This, together with the installation of fluorescent lighting has made our offices much brighter and more cheerful. All the staff are grateful for these improvements in their surroundings.

These very welcome additions and alterations cannot, however, be regarded as final, and in fact some very desirable developments will have to wait on the reversion of further office accommodation. Above all, we cannot rest content until the Chief Sanitary Inspector's section come back to Warrior Square.

The National Health Service Act 1946, Part III

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

Clinics.

Infant Clinics—These were held at 2.15 p.m. as under:—

Shoeburyness:

Council Offices, High Street. Doctor's Clinic 1st and 3rd Tuesdays. Health Visitor's Clinic on other Tuesdays.

Leigh-on-Sea:

70, Burnham Road. Mondays and Thursdays.

Southend-on-Sea (Southend and Southchurch):

Municipal Health Centre. Mondays, Tuesdays, Thursdays and Fridays.

Eastwood:

Eastwood Schools 2nd and 4th Fridays—Health Visitor's Clinic (Removed to Eastwood Baptist Church on 25.2.49).

Westcliff:

St. Andrew's Church Hall, Doctor's Clinic, Wednesdays. Health Visitor's Clinic, Fridays.

North Avenue:

Ferndale Road Baptist Church. Wednesdays—Health Visitor's Clinic.

Manners Way:

St. Stephens Church. Tuesdays—Health Visitor's Clinic.

National Dried Milk and Vitamin preparations supplied by the Ministry of Food, as well as proprietary brands of dried milk, were on sale at all infant welfare session.

Particulars of attendances are:—

	<i>South- end</i>	<i>South- church</i>	<i>Leigh</i>	<i>Shoe- bury</i>	<i>East wood</i>	<i>West- cliff</i>	<i>Man- ners Way</i>	<i>Nrth. Av.</i>	<i>Total</i>
No. of sessions held	102	100	100	51	24	103	51	51	582
No. of individuals who attended, and who at end of year were:—									
Under 1 ...	256	281	317	178	38	357	135	161	1723
Aged 1 - 5 ...	546	751	634	115	98	504	97	141	2886
Total attendances of—									
Infants ...	3430	5165	4519	1545	507	5772	1746	2595	25279
Children 1 - 5 ...	1117	1394	1748	339	173	1276	163	347	6557
No. of children aged 1 - 5 subjected to routine medical in- spections ...	371	505	464	52	—	180	—	—	1572

Packets of National Dried Milk distributed totalled 15,115 of which 283 were supplied at the expense of the Council.

Vitamin Preparations:—

Cod Liver Oil	8,185
Fruit Juice, Orange	26,339
Vitamin Tablets	1,827

Notwithstanding the reduced number of births, 1,723 individual children under the age of one year were brought to the infant centres, representing nearly 73% of the total live births. The comparable figure for last year being nearly 70%. Total attendances of the under ones rose from 24,894 to 25,279, an increase of 385. There was a small decrease in the total of 1-5 age group attending, namely from 3,082 to 2,886.

ANTE NATAL CLINICS

Municipal Health Centre: Monday, 9.15 a.m.; Tuesday, 9.15 a.m.; Wednesday, 2 p.m.; Thursday, 9.15 a.m.; Friday, 9.15 a.m.

Leigh Clinic, 70 Burnham Road: Wednesday, 2 p.m.; Friday, 2 p.m.

Westcliff Clinic, St. Andrews Church Hall, Electric Avenue: Wednesday, 9.15 a.m.

Shoeburyness Clinic, Council Offices, High Street: Monday 2 p.m.
(On 2nd and 4th Mondays in each month only).

The arrangements reported last year have remained unaltered, and unaffected by the advent of the new health service. Some of the clinics are staffed by hospital medical officers, midwives and pupils in training, an arrangement which is to the advantage of all concerned.

A smaller proportion of the women delivered in 1949 attended our ante-natal Clinics; being 84% as compared with 91% last year. This is probably due to the facilities now available under the Act for ante natal care to be given by the family doctor, and the proportion of mothers who attend the clinic can be expected to fall still further.

These figures take no account of the mothers who attended the Southend General Hospital ante-natal clinic and who entered the General Hospital, Rochford, for their confinements.

Attendances at the Council's clinics were as shown below :—

	<i>South- end</i>	<i>Leigh</i>	<i>West- cliff</i>	<i>Shoe- bury</i>	<i>Total</i>
No. of sessions held	256	103	52	23	434
No. of individual expectant mothers	1216	445	261	97	2019
No. of attendances of ex- pectant mothers	7267	2480	1510	460	11717

POST NATAL CLINIC

Every Wednesday morning at Warrior Square, also at Leigh Ante Natal Clinic, sessions on Wednesday and Friday afternoons, and Shoe-buryness Clinic on second and fourth Monday afternoons.

	<i>Southend</i>	<i>Leigh</i>	<i>Shoebury</i>	<i>Total</i>
No. of individual mothers who attended	663	173	34	870
Total attendances of mothers	1195	308	43	1546
Total No. of sessions of Post Natal Clinics	52	103	23	178

Progress has been made in the development of the post natal supervision of our mothers; 190 more mothers made a total of 1,546 attendances.

DENTAL TREATMENT OF EXPECTANT AND NURSING
MOTHERS AND YOUNG CHILDREN
REPORT OF SENIOR DENTAL OFFICER

It is with regret that I have to report that the dental treatment of mothers and young children was retarded during the year instead of being further developed. This step was taken after the resignation of the Assistant Dental Officer in March, when the Senior Dental Officer was left to cope with a school population of 17,000, a feat impossible in itself. Therefore, it was decided that treatment to mothers and young children was to be of an emergency nature after May, 1949. The figures in the tables provided shew a marked drop in the number of mothers examined and treated. It will be noticed, however, that the number of dentures provided was higher than in 1948—this is because it was necessary to fit with dentures those mothers whose extractions had been performed prior to March, 1949.

The number of young children treated shows only a slight decrease because over 90% of those examined had sought dental treatment for the relief of toothache and a general anaesthetic was administered on no fewer than 168 young children.

(The comparable figures for 1948 are shown in brackets).

1. EXPECTANT MOTHERS.

a. Examined	142 (453)	f. Fillings	70 (244)
b. Needing Treatment	142 (453)	g. Dressings	83 (158)
c. Treated	104 (356)	h. Scalings	16 (58)
d. Made Dentally fit	94 (249)	i. Dentures	30 (30)
e. Extractions	221 (703)		

2. NURSING MOTHERS

a. Examined	2 (15)	f. Fillings	— (12)
b. Needing Treatment	2 (15)	g. Dressings	— (1)
c. Treated	2 (15)	h. Scalings	— (9)
d. Made Dentally fit	2 (14)	i. Dentures	— (6)
e. Extractions	3 (31)		

3. CHILDREN UNDER 5 YEARS OF AGE

a. Examined	188 (206)	e. Extractions	281 (232)
b. Needing Treatment	188 (189)	f. Fillings	20 (56)
c. Treated	188 (189)	g. Dressings	10 (40)
d. Completed	188 (149)		

E. C. AUSTEN,

Senior Dental Officer.

NURSING HOMES.

One new nursing home was registered during 1949.

Number of Homes.	No. of Beds provided for:		Total
	Maternity	Other	
Homes first registered during year 1 ... — ...	...	10	10
Homes on register at end of year:—			
Ashleigh Grange	—	10	10
Belvedere	—	2	2
11, Albion Road	—	2	2
Hayesleigh	4	—	4
Highcliff	—	12	12
Highlands	3	—	3
Leigh	—	10	10
47, Crowstone Road	—	2	2
Meteor	12	—	12
71, Wimborne Road	—	16	16
26, Western Road, Leigh	2	—	2
1 ...	21	54	75

The number of inspections made during the year was 11.

UNMARRIED MOTHERS AND THEIR CHILDREN

Existing arrangements in the Southend branch of the Chelmsford Diocesan Moral Welfare Association were continued and accommodation was provided at the expense of the Council in the following homes :

St. Monica Diocesan Shelter—4 mothers for a total of 281 days.

Diocesan Maternity Home, Coggeshall—1 mother for 82 days.

PHYSICAL CULTURE DURING PREGNANCY

The aims which prompted the provision of physical education for expectant and nursing mothers were discussed in last year's report. Evidence was forthcoming that successful results followed in a substantial proportion of the women attending, and as from February 15th 1949 additional time was devoted to this project. Next year it is hoped to provide a full account of this work and to discuss the results obtained. In all, 236 expectant and nursing mothers made a total of 1446 attendances.

INFANT MORTALITY

There is no occasion for surprise that the phenomenally low infant mortality of 22.10 per thousand recorded in 1948 was not maintained. This year there were 61 deaths of infants under the age of 1 year, equal to 25.78 per 1,000 live births. As is usual we returned a lower rate than that recorded for England and Wales, which this year was 32 per 1,000. The deaths are classified overleaf according to age groups and cause.

Deaths under 1 year by age groups :

Under 1 week	...	...	...	...	34
1—2 weeks	...	...	...	...	4
2—4 weeks	...	...	...	...	4
1—3 months	...	...	...	...	6
3—6 months	...	...	...	...	4
6—9 months	...	...	...	...	6
9—12 months	...	...	...	...	3
					61

Causes of death during first year of life :

Prematurity	...	...	...	...	11
Congenital Defects	...	...	...	...	11
Atelectasis	...	...	...	...	6
Birth Injury	...	...	...	...	4
Haemorrhagic disease of the new born (with hydrops foetalis and erythroblas- tosis)	...	...	...	...	4
Post-operative conditions*	...	...	...	...	5
Pneumonia	...	...	...	...	8
Empyema	...	...	...	...	1
Other infective conditions	...	...	...	...	6
Neoplasm	...	...	...	...	1
Asphyxia due to inhalation of vomit	...	...	...	...	2
Asphyxia due to smothering by pillow	...	...	...	...	1
Debility due to eczema	...	...	...	...	1
Total	...	...	...	...	61

* Of which four were for congenital conditions incompatible with life.

There were no significant changes from last year's classified causes except that there were six deaths from "other infective conditions" compared with two in 1948. The experience of the various age groups is similar to 1948, except as regards the 6 to 9 months group who returned six deaths against none the previous year. The causes of death in this age group were as follows :

Wilhm's tumour of kidney.

Debility, infantile eczema.

Acute bronchitis.

Broncho pneumonia, congenital heart disease.

Ileo-ileal intussusception with resection of ileum
segment.

Post basal meningitis.

It is interesting to note that this year more girl infants (34), died than boy infants (26), the reverse of what usually happens. The sex of one infant who died could not be determined.

Infants whose birth was illegitimate actually fared better than those whose advent was more regular, the rates for the two groups being 20.55 and 26.12 per 1000 respectively. This must reflect credit on all who deal with the mothers of these children.

Stillbirths

There were 36 stillbirths compared with 43 last year; that is equal to 15.9 per 1000 total births, practically the same rate as last year. This low figure is very reassuring and indicates that the maternity services generally are satisfactory.

Deaths of Children aged 1-5

There were 16 deaths in this age group compared with only 6 in the previous year. The causes are set out below :

Broncho-pneumonia, mongol	...	...	1
Primary neoplasm of suprarenal gland	...	...	1
Hépatic failure, congenital xanthomotosis	...	...	1
Broncho-pneumonia	...	...	4
Acute suppurative meningitis	...	...	1
Adrenal insufficiency	...	...	1
Road accident	...	...	1
Tuberculous meningitis	...	...	3
Status lymphaticus	...	...	1
Infective hepatitis	...	...	1
Acute lymphatic leukaemia	...	...	1
			16

SECTION 23. MIDWIFERY.

In the report for last year the following appeared :—"Fears have also been expressed about the kind of ante-natal supervision which some patients may receive, when responsibility is shared between doctor and midwife." There are certain portents which suggest these reservations may be well founded in some instances.

As has been remarked in another portion of this report, the attendances of mothers at the ante-natal clinics have declined faster than the birthrate; this is attributable to the increased number of practitioners undertaking the ante-natal supervision of their National Health Service Act patients.

The degree to which practitioners provide maternity services under the Act, varies greatly, but it is clear from the proceedings of the Local Executive Council that some doctors undertake the care of a considerable number of pregnant women. In some instances the doctors are known to have been keenly interested in midwifery long before the appointed day, and it can be assumed with every confidence, that their ante-natal supervision is both adequate and assiduous.

The amount of maternity services work undertaken by other doctors occasions surprise to the well informed, and one can only hope that the meagre minimum called for in the Regulations is not all the attention which these patients receive, as if this be the case, then we can expect to see regression from the present high standard to which our low maternal mortality rates testify.

There is little to which attention should be drawn. The most important development was the increased use of gas and air analgesia by domiciliary midwives. By the end of the year the number of midwives qualified to administer this treatment was 12. In all 249 patients as compared with 71 in the previous year, received this relief during labour. Statistically the amount of work carried out by domiciliary midwives was practically the same as in 1948.

Work of the Municipal Midwives.

The number of cases attended by municipal midwives during the year were :—

	Cases attended as Midwives		Cases attended as Maternity Nurses	
	Labours	Miscarriages	Labours	Miscarriages
Cases booked by Municipal Midwives and delivered by them	515	4	143	2
Cases where no ar- rangement for con- finement had been made and Municipal Midwives were sum- moned in an emer- gency	—	—	2	1
Totals	515	4	145	3

Number of visits paid:

Ante-natal	...	...	...	6,696
Morning nursings	...	...	...	9,144
Evening nursings	...	...	...	2,231
Total	...	...	...	18,071

Number of patients receiving gas and air analgesia ... 249

MIDWIVES ACTS 1902-1936. Work of Local Supervising Authority.

Notices of intention to practise were received from 23 midwives, including 13 whole-time municipal domiciliary midwives. Of the 10 private midwives 2 practised as such in the homes of patients and the remainder in nursing homes. Non-municipal midwives attended 3 patients as midwives and 330 as maternity nurses.

No cases of serious infringement of the Rules of the Central Midwives Board came to notice during the year.

MEDICAL AID UNDER SECTION 14(1) OF THE MIDWIVES ACT 1918

Medical aid was summoned on 93 occasions, or in 17.9 per cent. of cases attended by midwives, a decrease of 12 per cent. on last year.

MATERNAL MORTALITY.

The Registrar-General attributes one death to maternal causes, the maternal mortality rate being therefore 0.41 per 1,000 total births. Clinical details are given below of two women who died either during or shortly after the termination of pregnancy.

Mrs. A aged 22 had a successful pregnancy in 1948, although complicated by toxæmia. She first attended the clinic when 13 weeks pregnant, and again at 20 weeks. There were no abnormal signs or symptoms except that the uterus appeared larger than the stated duration of gestation. The blood WR was negative, but the patient was Rh positive (Group A). A month later she was admitted to hospital because of uterine bleeding and contractions. Hydramnios was present, the height of uterine fundus according to a 34 weeks pregnancy. Next day the foetus and placenta were expelled precipitately followed by immediate and serious collapse. Following some temporary improvement unconsciousness supervened within 90 minutes and in spite of transfusion (1 pint) and other resuscitative measures the patient died 6 hours later. At post mortem air was found in the cerebral vessels, heart and particularly in the pelvic veins and inferior vena cava. Cause of death cerebral air embolus.

Mrs. B. aged 22, attended the clinic at the 20th week of her first pregnancy when she was found to have glycosuria but no acetonuria. The blood, Rhesus Group O, gave a negative WR. Two weeks later, ketone bodies being present in the urine, she was admitted to hospital for investigation, where the glycosuria was shewn to be due to a low renal threshold, and not to diabetes. When pregnancy had lasted for 30 weeks she was readmitted to hospital on account of pyrexia, and shortly afterwards a good deal of uterine bleeding occurred. The patient then developed tenderness in the left loin and frequency of micturition. The following day an examination was made under nitrous oxide and oxygen anaesthesia and the membranes were ruptured. On the way back from the operating theatre she became pulseless and cyanosed and died shortly afterwards. At post mortem the liver was pale and toxic, the left kidney shewed suppurative nephritis of an haematogenous distribution, a lateral placenta praevia was present. The source of the infection could not be ascertained. Cause of death—sudden cardiac failure due to toxic myocarditis caused by renal carbuncle.

SUPPLY OF SHEETS TO EXPECTANT MOTHERS.

The arrangements under Ministry of Health Circular 154/44 were continued until the cessation of Clothes Rationing in March 1949 and on the certificates of state certified midwives priority dockets for 233 sheets were issued to 82 mothers who arranged for their confinements to take place at their homes.

SECTION 24—HEALTH VISITING

Because the Health Committee has responsibility for carrying out the Council's duties under the National Assistance Act, 1948, and there is no separate welfare section of this department, our health visitors have had full scope for the enlargement of their duties envisaged by the National Health Service Act.

As regards the systematic visiting of mothers and young children there has been some contraction of their work due to the continued fall in the birth rate, but this has enabled them to devote more attention to the toddlers who in times of severe pressure of work, tend to be overlooked. The number of visits paid to children between the ages of 1 and 5 years rose from 16,591 to 18,228.

The number of special visits paid by the health visitors has continued to grow and their services have been particularly valuable in assessing the needs of old people for Part III accommodation, and in advising generally as to the provision which could be made by other sections of the local health authority organisation.

The extent to which suitable alternatives to both hospitalisation and institutionalisation have been provided is testimony to the value of their work, which must have resulted in a considerable relief to accommodation which has never been really adequate to the needs of the area.

The Royal College of Nursing arranged for three student health visitors to undergo part of their practical training in the department during the year.

One of the most satisfactory and encouraging developments during the year has been the growing demand from women's organisations for talks by the health visitors on matters connected with their work particulars of which are set out below.

23.2.49. "The Health Visitor, her work and facilities available for the Young Mother (Demonstration talk to students from the Royal College of Nursing by Superintendent Health Visitor) at The Young Wives' Club, St. Albans Vicarage, St. Johns Road, Westcliff-on-Sea.

16.3.49. "Diet for Adults" to The Young Wives' Club, St. Albans Vicarage, St. Johns Road, Westcliff-on-Sea, given by Miss Elford, Student Health Visitor, Royal College of Nursing, demonstrating symposium method, for group discussion between the members of the club.

23.3.49. "Value of Diet, fresh air, rest and sleep during ante-natal period," by Mrs. Wilson, Student Health Visitor, Royal College of Nursing to the above club.

5.5.49. St. Paul's Young Wives' Club. Talk by Miss Stevens.

19.5.49. Chalkwell Hall Infants School. Parents meeting. "Immunisation and Routine Medical and Dental Inspections in School" by Miss Tourrett.

Repeat of above talk at the same school by Miss Tourrett, later in year.

20.7.49. 20-40 Club Westleigh Church Hall. Talk by Miss Butcher.

14.12.49. Westleigh Baptist Church, Young Wives' Fellowship. Talk by Miss John.

Work of Health Visitors.

No. of infants visited for the first time	...	...	2,361
„ visits to infants under one year	...	...	10,614
„ children visited between 1 and 5 years	...	...	9,207
„ visits to children between 1 year and 5 years of age			18,228
„ expectant mothers visited for first time...	...	...	1,610
„ visits to expectant mothers	...	...	2,545

SECTION 25—HOME NURSING

During the year the calls on the Home Nursing Service increased steadily, as medical practitioners and the public came to rely more and more on its possibilities. Shortage of hospital accommodation also played its part in this growth. Increasingly patients were discharged to their homes with the request for after-care to be provided by the district nurse, who was also asked to undertake, in the homes of 255 patients, those essential preliminaries to X-Ray and other investigations, which had hitherto required admission to hospital.

The giving of insulin to patients who were unable, or who could not be taught self-administration, absorbed a disproportionate amount of nursing skill, and it is clear that some effort should be made, in co-operation with the hospitals, to secure the more effective teaching and supervision of these patients. Therapeutic advances, such as the growing use of penicillin also resulted in more work being placed on our nurses.

Shortage of staff was a chronic difficulty throughout. It was met by the employment, part-time, of state registered and in some cases state enrolled assistant nurses, many of whom have done very well in district nursing. These expedients produce their own problems. The employment of two part-time nurses, to do the work of one whole-time nurse, more than doubles the administrative work involved, and calls for a disproportionate expenditure of effort on the part of the supervisor. Moreover, the women available for part-time employment usually have domestic commitments which frequently compel them to resign unexpectedly, so there are many staff changes within a relatively short time. The employment of state enrolled assistant nurses requires a greater degree of supervision, and a more meticulous allocation of work.

The male district nurses appointed in November, 1948, quickly proved invaluable, and during the year under review, two others joined the staff. It became apparent that in an area of this size a reasonable

establishment of male district nurses is essential, and it is to be regretted that we lost the services of two men because a return to hospital became financially advantageous.

At the end of the year 10 full and 11 part-time nurses were employed. In all 2199 patients were nursed and 56,897 visits paid.

CLASSIFICATION OF CASES

	<i>No. of Patients</i>
Accidents	23
Amputations	6
Arthritis	56
Bronchitis and pleurisy	81
Burns and scalds	20
Carbuncles and Boils	44
Carcinoma and sarcoma	167
Cardiac and circulatory conditions	200
Cerebral haemorrhage	142
Dermatitis and other skin conditions	26
Diabetes	142
Dressings	92
Ear, nose and throat conditions	88
Encephalitis	2
Erysipelas	4
Eye conditions	13
Food poisoning	1
Fractures	27
Gangrene	9
Gastric conditions	19
Gynaecological conditions	45
Maternity (pyrexia, etc.)	7
Miscarriage	13
Nephritis	3
Influenza	11
Enemata (for constipation)	188
„ (prep. for X-Ray etc.)	255
Operations	8
Pneumonia	90
Paralysis (other than strokes)	37
Pernicious anaemia	32
Prostatic conditions	66
Rheumatism (acute)	6
Senility	135
Tuberculosis (mostly administration of streptomycin daily for 8 weeks)	22
Worms	55
Ulceration of legs	36
Unclassified injections	20
Jaundice and liver conditions	8
Total	2,199 cases
Total	56,897 visits

SECTION 26—VACCINATION AND IMMUNISATION

The local health authority provides facilities for vaccination and immunisation against diphtheria. A special clinic is held weekly on Friday afternoons at the Municipal Health Centre, and additionally parents in Leigh and Shoebury can bring their children to the weekly inspection clinics held there on Tuesdays and Thursdays respectively.

The following vaccinations were recorded during the year:—

<i>By whom vaccinated</i>	<i>Total</i>
(a) Private practitioners—	
(i) Primary	399
(ii) Re-vaccinations	187
(b) At Council's Clinics—	
(i) Primary	83
(ii) Re-vaccinations	9
	678

Number of children who completed a course of primary immunisation during the year:—

	<i>Total</i>
(a) At Council's Clinics—	
(i) Children under 5	869
(ii) Children 5 - 14	48
(b) By private practitioners—	
(i) Children under 5	499
(ii) children 5 - 14	37
Total ...	1,453

Number of children who were given a secondary or reinforcing injection:—

	<i>Total</i>
(a) At Council's Clinics	357
(b) By private practitioners	44
	401

SECTION 27.—AMBULANCE SERVICE.

The arrangements with the St. John Ambulance Brigade as set out in detail in the report for 1948 were continued, the only alteration being that the charge for conveyance of patients to and from places outside of the Borough, was increased from 1s. 0d. per mile to 1s. 3d. per mile as from 1.1.49 and an overall increase of 2% in the charges was agreed as from 1.11.49.

During the year the agency service provided by the Brigade worked very smoothly, being equal to all calls made upon it. The Consultative Committee met regularly, and from the beginning fulfilled the confident expectations which the Health Committee had entertained. A close understanding has resulted from its meetings, and there has been an entire lack of friction. Some fruitful suggestions have emerged, and various matters of detail have been adjusted satisfactorily with the officers of the local Hospital Management Committee.

The figures given below show that a quicker turn-over of beds in the local hospitals resulted in increased calls on the service. The number of accidents fluctuated with the Southend-on-Sea season. The fine weather attracted a record number of visitors, and the high temperatures contributed to the number of sudden illnesses from collapse and allied conditions, with which the accident service had to deal. Considering all things there was no marked increase in the number of patients taken to other hospitals, and this is eloquent of the way in which the service has been administered. In the face of an ever growing demand many authorities have had to review their criteria for the provision of ambulance transport, but as we adopted a careful, albeit reasonable attitude in the beginning, there has not been much difficulty in maintaining it, with acceptance to the local medical profession, whose members have almost invariably been most helpful and co-operative. It has not been necessary in all cases to require a medical certificate as to need; in doubtful instances a telephone call has nearly always cleared up any uncertainty.

Hospital Car Service.—The service has been equal to the growing demands made on it. Once more, it is necessary to draw attention to the signal services rendered by the local organiser, Mrs. Foreman. Statistical details are given below, but the following points require emphasis. There has been no increase in the number of patients conveyed to London hospitals; to the General Hospital, Rochford; journeys to miscellaneous destinations, both within and without the Borough have actually been reduced. There has, however, been a steady increase in the demand for the transport of out-patients to and from the General Hospital, Southend, and this is even more marked in the case of Lancaster House Chest Clinic. This illustrates very clearly the indivisibility of the health services. The shortage of hospital beds, particularly for the treatment of tuberculosis, increases the demand for out-patient investigations, and out-patient treatment. It is the patient who is dealt with in this way who must have transport, and with the growth of this development, the justifiable demands for transport must grow.

Administrators must always be watchful to prevent abuses, and I am satisfied that there has been no general misuse of this service. From time to time instances do come to light where one feels that the provision of transport has been required without a proper assessment of the real needs, but on the whole, those concerned appear to have exercised a right judgment in these matters, for which your officers are grateful.

AMBULANCE SERVICE—1st January to 31st December, 1949

	No. of vehicles available	No. of cases conveyed to Southend General Hospital (In-Patients)	No. of cases conveyed to/from S.G.H. to/from their homes or Hospitals in the Borough (mainly Out-Patients)	No. of cases conveyed to/from General Hospital, Rochford	No. of cases conveyed to Isolation Hospital (Westcliff)	No. of cases conveyed to Hospitals etc., outside the Borough	No. of cases conveyed to Nursing Homes and misc. journeys in the Borough	No. of cases conveyed to/from Lancaster House (Chest Clinic)	Accidents	Total mileage
<i>Ambulances:—</i>										
St. John Ambul- ance Brigade	6	2,162	—	2,584	—	270	156	—	1,346	71,998
Infectious Dis- ease Ambulances	2	16	20	293	333	30	23	93	—	6,604
<i>Sitting Case</i>										
<i>Cars:—</i>										
Hospital Car Service	37	—	6,126	219	—	433	36	540	—	89,367
Corporation Transport Pool	10	—	2	11	1	46	5	6	—	4,506

			<i>St. John Ambulance Brigade</i>			<i>Hospital Car Service</i>		
			£	s.	d.	£	s.	d.
January	...	...	257	5	3	139	11	0
February	...	...	298	10	3	132	18	4
March	...	...	357	16	6	201	14	7
April	...	...	306	2	9	164	16	1
May	...	...	318	5	0	214	17	0
June	...	...	273	19	4	201	0	7
July	...	...	327	13	6	185	19	3
August	...	...	340	16	3	211	0	4
September	...	...	369	15	7	213	5	5
October	...	...	353	1	9	247	8	4
November	...	...	336	3	6	210	12	9
December	...	...	337	11	6	208	8	1
Accident Service	...	...	1000	0	0			
Total			£4877	1	2	£2331	11	9

SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER CARE.

Two whole-time tuberculosis health visitors are attached to the Lancaster House Chest Clinic, the site of which was selected because of its nearness to the Municipal Health Centre. The work of the health visitors is generally co-ordinated and controlled by the superintendent health visitor, who acts as a close and personal link with the Health Department. From the outset it was recognised that the tuberculosis health visitors would be unable properly to play their part or secure effective contact with the patients unless they attended regularly at the diagnostic, contact and treatment clinics. On the other hand, it was equally evident that undue preoccupation with treatment work carried out at the clinic would result in an uneconomic diversion of their efforts and the Management Committee were pressed at a very early date to appoint nursing staff solely for duty in the clinic; it is considered that a proper balance has now been achieved in organising the work of the health visitors.

The Tuberculosis After-Care Committee of the Southend-on-Sea Civic Guild of Help is responsible for care and after-care work not specifically undertaken by the Department. Two members of the Health Committee, together with the consultant physician for tuberculosis and the senior lay administrative officer of the Department serve on this sub-committee, and the arrangements for co-ordinating its work have proved eminently satisfactory. The Council makes an annual grant to the Civic Guild of Help to assist in its work for the tuberculous patient and his family. This year it amounted to £600, and permitted of a very valuable reinforcement of the official arrangements. Some particulars of this work, kindly furnished by the Secretary, Miss H. Thompson, B.Sc. are set out below.

Extra nourishment is provided at the expense of the Health Committee to patients who are recommended this by the tuberculosis physician, and whose means come within the Council's scale.

The powers of this section are utilised to provide residential after-care for patients who, on discharge from mental hospitals are unable to resume their ordinary life.

The provision of nursing requisites is done primarily through the St. John Ambulance Association which has a very useful loan cupboard. This work is assisted by a grant from the Council (this year £100 0s. 0d.) This arrangement which is economical and devoid of administrative complications has been satisfactory. Sometimes specialised and expensive items of equipment are required for particular patients, these are provided direct by the Health Committee, and the charges made for this loan usually cease when the initial cost of the equipment has been met.

Convalescent care is provided when recommended by medical practitioners and charges made in accordance with the Committee's scale.

The Committee are desirous of developing after-care for the hard of hearing and would no doubt have appointed as social worker for this work, a voluntary worker who is herself hard of hearing, had they not been advised on good authority that this handicap is to be deprecated in teachers of lip reading.

The Warrior Square Office, founded by Dr. Ström-Olsen and the psychiatric social workers at Runwell Mental Hospital, has been assisted financially by the Council, and has once more proved its value. To it are attracted patients from the General Hospital psychiatric out-patient service who have not required in-patient treatment, but who, nevertheless, have had difficulties about their social and personal contacts. In the club, they find these easier to make and more readily sustained, and once more those who are responsible are to be congratulated on the results.

STATISTICS

TUBERCULOSIS				AFTER-CARE			
Type of Assistance				Number Assisted	Cost		
					£	s.	d.
Clothing	...	...	...	86	373	9	8
Travel vouchers to visit patients in Hospitals and Sanatoria	...			31	36	7	9
Bedding (to enable patients to occupy separate rooms)	...			13	35	16	5
Domestic assistance not available under official scheme	...	...		6	20	15	0
Miscellaneous	...	...	...	16	37	17	4
Totals				152	£504	6	2

CONVALESCENT AND AFTER-CARE HOMES

From 1st January to 31st December 35 patients were provided with treatment in Convalescent Homes for periods varying from one week to three months at a total cost of £347 0s. 10d. towards which patients or their liable relatives were required to refund £56 18s. 4d.

During the same period 8 patients were provided with accommodation in Mental After-Care Homes of the Mental After-Care Association at a net cost of £287 14s. 0d.

HOME NURSING REQUISITES

Mr. Clitter, Superintendent of the local Division of the St. John Ambulance Brigade, has kindly supplied the following information relating to home nursing requisites loaned during the year.

Patients assisted	...	...	...	...	365
Articles loaned	...	...	...	...	514
Average period of loan	...	...	...	1 month	

The articles loaned were bed pans, urinals, air-rings, waterproof sheets, hot water bottles, air beds, water beds, back rests, bed cradles, bed tables, wheel chairs, etc.

SECTION 29—DOMESTIC HELP

The aims and organisation of this service have been reported previously, and during the year there was no occasion to depart from the policy previously formulated and shewn to be sound. There can be few services where so much depends upon supervision and administration. Nearly all the difficulties which arise can be attributed to occasional instances where supervision has not been as direct or as frequent as one would like. All persons engaged in supervision should have some degree of direct oversight of the workers actually employed in homes; even the Supervisor herself must find time directly to control a small segment of the work, and all other considerations should be subordinated to this.

It is also clear that the work of supervision and of the collection of payments is best carried out by the same person, and in this connection an analogy can be drawn with property management, where supervision and rent collection are combined.

During the year there was a steady and deliberate expansion of the service, which necessitated the appointment of an assistant supervisor, and the provision of additional clerical assistance.

The Supervisor, Mrs. F. E. M. Goddard, in reporting at the end of the third year's working of the new scheme, made the following points. There had been no lack of applicants and recruitment had been steady. By the end of the year a total of 2,225 women hours was available each week. The rate of pay compared with that obtainable in other employment with a guaranteed week. A month's trial period usually sufficed to shew which workers were likely to prove unsatisfactory. No case of theft or serious misdemeanour had been reported, and unpunctuality, when it had occurred, was usually due to difficulties of public transport.

The advantages of belonging to an official service were appreciated, and the arrangements for sick pay and annual leave were valued. The green overalls which were provided had been attractive and satisfactory, but an outdoor uniform would be popular, and the workers would like a badge, even if they were required to make a contribution towards the cost.

Applications for help for maternity cases received priority, and assistance had been provided whenever sought. Close co-operation with the midwives existed, and they were invited to comment on the work of the employee.

Maternity cases are popular with the workers, because they can expect to be in the home for a clearly defined period, and they find that attempts have usually been made to organise things beforehand, so that the work consists in keeping the home running smoothly and not grappling with the results of long neglect and ever increasing poverty. Most of all, there is the reward which comes from all work of a creative and fruitful character.

The reverse is, of course, seen in the service provided for the old and chronically disabled. Here the work consists in fighting a losing battle with time and degeneration, both physical and mental. The satisfaction obtained in smoothing out the difficulties of declining years is, of course, real, and many old people are cared for most devotedly, and in a way which should shame their own kin; but there cannot be the same pleasure in this work as in helping a family over a new arrival.

Homes stricken by acute illness are nearly as popular as maternity cases and for very similar reasons.

The number of tuberculous households in which it would be suitable and really effective to place a domestic help, are few, but careful consideration is always given to the possibility of doing this. When the need arises there is no difficulty in obtaining volunteers for this work.

One perennial difficulty is to determine when help should cease, and as no limit is automatically placed on the duration of assistance, people who can afford to make other arrangements are, not unnaturally, reluctant to do so, while the service is available. The circumstances of each household as regards the need for help are reviewed at the end of the first four weeks, and thereafter quarterly, by the Committee. Continuous and persistent efforts are made to induce people to make their own long-term arrangements, and to regard the service as being primarily an emergency one.

During the year a "group system" of caring for old people was tried out, with encouraging results. A worker looks after a group of old people living in the same area, and does what she can for them in the most convenient manner. Thus she can pay much more frequent visits, but the system makes any precise determination of the actual hours worked each week in any one household, a difficult matter. This has been met by making an assessment of the time each household will need and explaining that the charge will be based on this, although the amount of help given from time to time must necessarily vary.

The results have been encouraging, but as the workers are placed on their mettle there is a tendency for them to err on the side of doing too much rather than too little, so that some of them do become very acutely conscious of their responsibilities.

DOMESTIC AND HOME HELP SCHEME 1949

The following Staff were employed:—

	on 1/1/49	on 31/12/49
Full time	14	20
Part time	44	60
Casual	4	2
	—	—
	62	82
	—	—

Number of cases assisted:—

Domestic Help Cases		398
Home Help Cases		193

of these

367	were assisted under 1 month
126	„ „ 1—3 months
33	„ „ 3—6 months
65	„ „ over 6 months

<i>Assessments.</i>	D.H.	H.H.
FREE	91	14
10/- per week and under ...	86	51
Over 10/- and under £1 ...	43	59
£1 — £1 10s.	31	37
Over £1 10s. — £2	10	9
Over £2 — £3	5	9
Over £3 — £4	3	4
FULL COSTS	129	10

	D.H.	H.H.
<i>Total Wages Paid</i>	£7,456 4 4	£1,340 8 5
<i>Total Collections</i>	£1,704 15 1	£360 15 11

SECTION 51.—MENTAL HEALTH SERVICE.

ADMINISTRATION

There is no Mental Health Sub-Committee, as the general arrangements set out in the Council's proposals and approved by the Minister, do not provide for the establishment of such a sub-committee; the existing arrangements, however, work very satisfactorily.

The staff of the section consists of the Medical Officer of Health, who is chief Duly Authorised Officer; the Deputy M.O.H. and the two Assistant Medical Officers, who are designated as Duly Authorised Officers; two lay male Duly Authorised Officers, who devote their whole time to mental health work undertaking no other duties save those arising out of the temporary care of patients' property and the Mental Deficiency

Officer Miss Brock (University of London Social Studies Certificate), who is also designated as Duly Authorised Officer. With the exception of the visiting and supervision of some adult male defectives, which is undertaken by one of the Duly Authorised Officers, Miss Brock continues to be responsible for all the mental defectives.

The Duly Authorised Officers report direct to the Medical Officer of Health concerning their work, and he is always accessible to them for advice in regard to difficult cases. It is his practice frequently to consult Dr. Ström-Olsen, Physician Superintendent of Runwell Hospital, and the general practitioners concerned. This intervention is regarded as useful and not unwelcome. It certainly assists in integrating the work of this section with the other activities of the Department, so that overlapping and delay are minimised.

When it was decided to restrict the duly authorised officers to mental health work, it was appreciated that it would necessitate their being "on call" for longer periods than was strictly desirable, and there would be but scant cover in an emergency. There are also times when, as is to be expected, the D.A.Os. cannot be fully employed, but it is hoped that as further opportunities occur for their undertaking after-care work, this situation will be corrected gradually.

This area is fortunate in the way in which hospital treatment of mental illness is integrated, and we continue to derive great advantage from the courage and foresight of the Town Council, which, nearly twenty years ago, joined with the East Ham Corporation in building a new mental hospital within reasonable distance of the town. Dr. Ström-Olsen, physician superintendent Runwell Hospital had, from the time the new mental hospital was opened, developed a psychiatric out-patient service at the Southend General Hospital and even prior to the outbreak of war been appointed to the visiting consultant staff at Rochford Hospital.

Co-ordination with the Regional Hospital Boards and the Hospital Management Committees is satisfactory, and the Regional Psychiatrist, Dr. Sawle Thomas, has always been most helpful in dealing with difficulties arising from the shortage of institutional beds. Liaison with Runwell Mental Hospital is largely informal, but none the less effective. The psychiatric social workers visit the Department weekly and even more frequently, making direct contact with the various sectional heads. The psychiatric social workers from Runwell Hospital in general undertake the community care of ex-patients living in the area, but from time to time the Department is requested to do this for a particular patient or for out-patients attending the Southend General Hospital, work we are always pleased to undertake.

After the first complete year's working of the Council's new mental health services it is possible to discern definite progress. The relations between the general practitioner and the D.A.Os. are closer than formerly; the hospitals are assured of more prompt and more complete information about the patients who are admitted, often in a sudden and urgent fashion; the D.A.Os. being wholly concerned with mental health

duties, have been able to devote more time to individual patients, and have been able, in a surprisingly large number of cases, to persuade patients to accept treatment and to co-operate in the measures initiated in their behalf; still less use has been made of Section 20, the old "Three Day Order."

There have been difficulties about securing hospital beds wherever in-patient treatment was desirable, but there have been relatively few instances where it has not been possible ultimately for the D.A.O. to secure treatment for urgent needs.

It is unfortunate that the Hospital Management Committee were unable fully to staff the mental observation wards at Rochford General Hospital, or that the Regional Hospital Board could not remove therefrom mental defectives whose presence interferes with the proper development of the psychiatric unit. If both objectives could be attained, the psychiatric beds at Rochford could serve a vital need.

No duties have been delegated to voluntary associations, although from time to time we have been indebted for advice, particularly about individual placement of defectives, to the National Association for Mental Health.

At the beginning of the year, Mr. E. W. Smith attended a six week's course of training provided under the auspices of the National Association for Mental Health.

Formal after-care provided under Section 28 of the National Health Service Act has been restricted chiefly to providing patients with accommodation in Homes conducted by the Mental After-Care Association, and during the year 8 patients were dealt with in this way. Informally a good deal is done by the Department as a whole.

MENTAL ILLNESS:

	Males	Females	Total
<i>Patients admitted to Runwell Hospital:—</i>			
Lunacy Act, 1890.			
(a) Section 11. Urgency Order ...	8	11	19
(b) Section 16. Summary Reception...	9	41	50
Mental Treatment Act, 1930.			
(a) Section 5. Temporary Patients ...	3	7	10
(b) Section 1. Voluntary Patients ...	47	44	91
(c) Section 1. Voluntary Patients, direct admissions ...	37	84	121
<i>Patients admitted to Rochford General Hospital, Observation Wards:—</i>			
Lunacy Act, 1890. Section 20 (3 day orders)	15	35	50
Total	119	222	341
<i>Cases referred to the Department in which no statutory action was taken</i>	61	79	140
<i>Mental Deficiency.</i>			

Dr. J. C. Preston, Deputy Medical Officer of Health, exercises a general supervision in regard to the administration of the Mental Deficiency Acts, undertaking the work of ascertainment and placement, and

receiving the reports of the Mental Deficiency Officer and one of the male Duly Authorised Officers, who as stated above undertakes a certain amount of supervision and visitation of male adult defectives.

The whole of the community care work in the Borough for patients on licence from mental deficiency institutions is undertaken by the Department, with, it is understood, complete acceptance to the Mental Deficiency Institutions.

Institutional care continued to be our most important problem. Twelve patients were admitted to institutions and 1 child to an approved home, but as there were fifteen new applications for institutional care no real progress was made in the disposal of the patients awaiting institutional treatment, of whom there are now 37.

Children of low mental grade are the most difficult of all defectives to place and they are precisely the type of patient for whom institutional care is increasingly being sought. To some extent this is to be explained by the continued employment of married women and by the ever present housing difficulties, but there can be no doubt that there is an ever-growing body of opinion which seeks to transfer the responsibility for these unfortunate children from the family unit to the community.

A Day Occupation Centre for ineducable children would do much to mitigate the hardships of parents whose children now await institutional care, and also to alleviate the lot of parents whose children are still susceptible of being retained in the community. Unfortunately there seems to be no immediate prospect of the Authority being able to make this provision.

The legislative changes which came into force in 1948 have affected profoundly the process known as statutory guardianship. Prior to this date, a defective living in the community could receive financial assistance from the local authority, other than through the machinery of the Poor Law, only if an Order of guardianship was in force, and consequently some defectives were placed under this statutory control primarily in order that their necessities might be provided for.

Since 1948, however, as was pointed out in Ministry of Health Circular No.177/48, the National Assistance Board has been empowered to make allowances to defectives who are over the age of 16 and who live in the community, with the result that there has been a saving of cost to the ratepayer and guardianship has tended to become restricted to the kind of patient for whom it was originally envisaged.

During the year financial responsibility for the maintenance of defectives under guardianship was transferred in all cases except one from the Local Authority to the National Assistance Board.

The following Tables show the number of mental defectives on the register at the end of the year and their classification according to disposal.

MENTAL DEFICIENCY, 1.1.49 to 31.12.49.

	Males	Females	Total
Number on Register at end of year 1949	191	183	374
	Males	Females	Total
INSTITUTIONAL CARE AS ON 31st DEC., 1949			
Leybourne Grange	1	—	1
Royal Eastern Counties Institution ...	43	25	68
South Ockendon Institution and branches	7	8	15
Royal Earlswood Institution	4	2	6
Hortham Colony	1	5	6
Princess Christian's Farm Colony ...	3	3	6
Stretton Hall	1	—	1
Stoke Park Colony	1	—	1
Harmston Hall Colony	1	—	1
St. Theresa's	—	2	2
Royal Western Counties Institution ...	1	1	2
St. Raphael's	1	1	2
Rochford General Hospital	7	4	11
Connaught House	4	6	10
Other residential accommodation ...	2	4	6
Rampton State Institution	1	—	1
Field Place Approved Home	1	1	2
St. Dymphna's Approved Home	1	—	1
Larkfield Hall Approved Home	—	1	1
Total	80	63	143

COMMUNITY CARE

Ascertainment

New Cases reported and investigated during the year 1949.

Referred by

	Males	Females	Total
1. Chief Education Officer	7	3	10
2. National Assistance Board	—	2	2
3. Hospital or medical attendant ...	—	—	—
4. Relatives	2	2	4
5. Police	1	—	1
6. Other Local Authorities on removal ...	3	4	7
7. Other sources	7	7	14
	20	18	38

Disposal of cases reported during the year.

	Males	Females	Total
1. Admitted to Institutions (by Order) ...	3	2	5
2. Placed under Statutory Supervision ...	8	4	12
3. Placed under Voluntary Supervision ...	9	10	19
4. Found not mentally defective	—	—	—
5. Died or removed from area	—	1	1
6. Action not yet taken	—	1	1
	20	18	38

	Males	Females	Total
Total number of defectives under Community Care on 31/12/49	111	120	231
Total number awaiting admission to M.D. Institutions	20	17	37

GUARDIANSHIP AND SUPERVISION AS ON 31/12/49.

	Males	Females	Total
Cases under Guardianship within the Borough	2	—	2
Cases under Guardianship outside the Borough	—	4	4
In Places of Safety	1	—	1
Under Statutory Supervision	63	58	121
Under Voluntary Supervision	39	49	88
On licence from Institution	6	9	15
	111	120	231

	Males	Females	Total
Guardianship Cases supervised on behalf of other Authorities during the year ...	1	6	7
Licence Cases from other Authorities ...	5	2	7

TRAINING

	Males	Females	Total
Patients in attendance at Day Occupation Centre (Brighton Guardianship Society)	—	1	1

SANITARY CIRCUMSTANCES OF THE AREA

WATER

The water supply which was described in detail in the Report for 1944, is provided by the Southend Waterworks Company, except in the Shoebury area where it is derived from deep wells under the control of the Corporation, continued satisfactory in quantity and quality. The statutory undertakers are required to provide water which contains not more than 150 parts per million parts hardness.

With the exception of a few houses still served by shallow wells, it is completely piped and has no plumbo-solvent action. The chemical and bacteriological characteristics continued unchanged, all the piped supplies are chlorinated.

SANITARY INSPECTION OF THE BOROUGH

Mr. R. A. Drake, B.E.M., M.R.S.I., chief sanitary inspector, reports as follows:—

COMPLAINTS AND VISITS BY INSPECTORS	Complaints	Visits
General housing defects	2,528	9,283
Defective draining systems	211	981
Blocked drainage systems	196	834
Absence of or defective dustbins ...	129	382
Dirty conditions of houses or rooms ...	88	673
Animals improperly kept	13	149
Overcrowded and unsatisfactory housing conditions	421	1,128
Insect pests	5	37

Fly nuisances	...	...	...	2	33
Deposits of refuse on vacant land and back passages, etc	...	...	...	89	472
Caravans	...	...	...	27	98
Smoke nuisances	...	...	...	14	263
Miscellaneous	...	...	...	37	395
Total	...	...	...	3,760	14,728

The number of complaints received totalled 242 more than during last year.

Energetic measures have been taken to obtain compliance with 1,447 notices requiring the remedying of defects to properties and the abatement of nuisances, 16,124 re-inspections being made.

ABATEMENT OF NUISANCES

Number of premises where nuisances were found to exist	...	...	...	1760
Abated—				
after service of informal notices	...		1324	
after service of statutory notices	...		123	
without notice	...	...	98	
			—	1545
In process of being dealt with on 31st December, 1949	...	...	...	215

Proceedings were instituted against seven owners who failed to execute repairs to properties as required by statutory notices. In each case the Court made Nuisance Orders, and in three instances where they were not complied with, the Corporation did the work, recovering the cost.

In one instance proceedings were instituted against the owner, occupier of a house, who was keeping a number of dogs and cats therein, and the majority of the rooms were consequently in a most filthy condition. The defendant used every means within her power to prevent the requirements of the Nuisance Order, which was made by the Court on 16th November 1948, being complied with, and it was not until the legal formalities as set out below had been complied with that access to the property was obtained and the necessary work carried out:—

25th Jan., 1949	Warrant to enter granted by Justices.
25th Feb., 1949	Fined £5 for failure to comply with Nuisance Order.
15th March, 1949	Fined £5 for obstruction of Chief Sanitary Inspector. Warrant to enter granted by Justices.
21st March, 1949	Appeal to Borough Quarter Sessions in respect of conviction of February 25th dismissed.

The work was subsequently carried out by the Corporation at a cost of £80, which it has not been possible to recover because the defendant's only source of income is by grants from the National Assistance Board. Later the defendant also appealed unsuccessfully to the Borough

Quarter Sessions against her conviction on March 15th, 1949 for obstruction.

HOUSING

(a) *Unfit Houses*

Of the eight houses scheduled in 1939 as requiring action to ensure demolition, four have deteriorated to such an extent as to render them dangerous for occupation and the owners were called upon to demolish them. The four remaining houses will require to be demolished within the next few years.

(b) *Overcrowding*

Four hundred and twenty-one complaints of alleged overcrowded conditions were received; the majority came from persons who required to be rehoused, their names being already on the Council's Housing Register. Each case was carefully investigated, and where it was found that statutory overcrowding existed, or the conditions under which the families were living were considered to be detrimental to health, reports were submitted to the Housing Committee for their consideration.

Because of the serious housing shortage, it has not been practicable to recommend statutory action against occupiers in all cases where overcrowding according to legal standards, has been discovered. In four cases of gross overcrowding the responsible persons were required to remedy matters, and arrangements were made whereby some of the persons occupying the houses were accommodated elsewhere.

(c) *Service Department Camps*

The hutments sited on two unoccupied army camps are used for housing purposes. Fifteen of the huts on one site have been demolished because their condition deteriorated so much. The provision of sanitary conveniences, water supplies, etc., has improved the conditions of the occupants of the huts, but they still afford very sub-standard accommodation.

FILTHY AND VERMINOUS HOMES

The number of complaints received under this heading was 88 as compared with 79 last year. The department now has a considerable number of these cases under regular supervision, 693 visits being made for this purpose. The provisions of Sections 83 and 84 of the Public Health Act 1936, were applied in 8 cases after informal action had failed to improve conditions.

Section 47 of the National Assistance Act 1948, was invoked against one aged and infirm person, living under insanitary conditions. She had been under supervision for a long time and all our efforts to obtain an improvement in her home conditions had proved unavailing.

The department treated 421 rooms for vermin infestations.

CAMPING SITES

Two camping sites were licensed during the year, they were well maintained, the conditions of the licences being closely observed. Both are now provided with sanitary conveniences connected to the Council's sewers, and the employment of male and female attendants ensures that these are well maintained.

The occupier of one camping site installed a boiler to provide a supply of hot water for the use of campers, who took full advantage of this amenity, both for personal and for domestic purposes.

Four applications were received for licences to station caravans on sites in the Borough; all were refused.

RAT DESTRUCTION

Three hundred and seventy-nine complaints were received during the year, in dealing with which, 3,379 visits were made. A survey was made of the whole length of our foreshore, 1,872 test baits being laid where it was considered there was the possibility of rat infestation, and 80 "takes" were obtained. Pre-baiting and poison baiting were carried out at these points where 57 dead rats were later found.

SMOKE ABATEMENT

Of the 14 complaints received of nuisance arising from smoke from chimneys, 7 related to the chimneys of dwelling houses and 4 to slow combustion stoves used for heating purposes in small factories. These latter were caused by the use of unsuitable fuel and remedied by a change of fuel. The remaining 3 complaints related to a nuisance alleged to arise from smoke from the chimney of the refuse disposal works. Over a period of three months daily observations were kept on the chimney, a total of 1,019 recordings being made of the kind of smoke and the period each kind was emitted. These established that no smoke nuisance was being caused.

HOUSEBOATS

The powers obtained under the Southend-on-Sea Corporation Act 1947, to deal with the houseboats and ancillary structures situated in Leigh Creek were brought into operation, and of the 170 houseboats, etc. moored in the Creek, 164 had been removed or demolished by the end of the year.

PARTICULARS OF:

(a) Enquiries re—

Notifiable diseases	...	...	...	...	619
Contacts	...	...	...	...	78

(b) Other visits or inspections—

Marine store dealers	...	...	...	...	104
Piggeries	...	...	...	...	387
Pharmacy and Poisons Act	...	...	...	...	235
Registration of hotels, boarding and apartment houses	...	...	...	...	1239

INSPECTION AND SUPERVISION OF FOOD

A. MILK SUPPLY

As from 1st October, the supervision of dairy farms and the granting of licences for production of designated milk was transferred to the Ministry of Agriculture and Fisheries. So far as these matters are concerned, the undermentioned particulars relate to the work undertaken by the Council until the date of transfer.

The eleven cowsheds situated in the Borough have been maintained in a satisfactory manner; 311 inspections were made.

Four of the dairy farmers are licensed to produce Accredited Milk.

and one Tuberculin Tested Milk. The milk from these herds is retailed by local dairymen.

Licences pursuant to the Milk (Special Designation) Regulations, 1936-46, were issued as follows:

	<i>No. of Premises Licensed</i>	
To produce tuberculin tested milk	...	1
To produce accredited milk	...	4
To pasteurise milk	...	4
To distribute tuberculin tested milk	...	11
To bottle tuberculin tested milk	...	3

During the year, 388 samples of milk were submitted for bacteriological examination with the following results:

	<i>No. of samples</i>	<i>Passed</i>	<i>Failed</i>	<i>Remarks on unsatisfactory samples</i>
Pasteurised	108	106	2	Milk under-treated due to minor defects in plant.
Heat Treated	21	21	—	
Sterilised	63	63	—	
Tuberculin Tested	159	151	8	All of Tuberculin tested (Certified) Milk and were produced and bottled on farms situated outside the Borough.
Accredited	37	36	1	Due to temporary breakdown to sterilising apparatus.
	<u>388</u>	<u>377</u>	<u>11</u>	

Thirty-six samples of milk were submitted for biological examination for the presence of tubercule bacilli; five examinations were inconclusive; the remainder were reported to be negative.

Inspections of dairies, plant and equipment, totalled 506 during the year. Only two complaints were received by the department about the delivery to householders of milk in dirty bottles; each case was investigated and the responsible dairymen cautioned.

B. ICE CREAM

The number of premises on the register at the end of the year is shown in the following table:—

<i>Type of Registration</i>	<i>Number</i>
Manufacturers	47
Vendors	362
Total	<u>409</u>

A total of 1,721 visits to ice-cream premises was made during the year.

During the year, 244 samples were submitted to the Public Health Laboratory for bacteriological examination by the Methylene Blue Reduction Test, and were classified in accordance with the standards suggested by the Ministry of Health, as follows:—

Satisfactory	176
Unsatisfactory	68

As regards the number of samples found to be unsatisfactory, it should be noted that it is the practice to take more samples from the

less satisfactory producers and retailers, and fewer from the firms where it is known that good conditions and handling of the product prevail; consequently, the number of samples reported to be unsatisfactory is bound to be high.

Duplicate reports of laboratory examinations were sent to the business concerned and, in the case of the unsatisfactory samples, investigation of the possible causes of the bacterial contamination were carried out on the premises, and advice given. In one instance, where the source of contamination was obscure, the Director of Pathology at the Public Health Laboratory attended at the factory, and, together with the Chief Sanitary Inspector and the proprietor, investigated the conditions and methods of handling the product.

The practice of giving short talks to members of the staff at the firms' premises has been continued.

Sixty-three samples of ice-cream were submitted to the Public Analyst to determine the fat content of the same. The average fat content was 8.26%.

C. MEAT

Slaughterhouses

The home killed meat sold in the Borough comes from animals dealt with at a Ministry of Food slaughterhouse, in the area of a nearby authority whose inspector is assisted in making post mortem examinations by the Council's five qualified meat and food inspectors.

This arrangement continues satisfactorily, and ensures that all meat from this source is efficiently and promptly examined before it is deposited in our retailers' shops.

Slaughter of Animals Act

Six applications were received for the renewal of licences to slaughter animals in slaughterhouses, all of which were granted.

PUBLIC HEALTH (MEAT) REGULATIONS

During the year the carcasses and organs of 9296 animals were examined at the Ministry of Food slaughterhouse as detailed below:

	Cattle excl.			Sheep &	
	Cows	Cows	Calves	Lambs	Pigs
Number killed	1555	1063	230	5637	811
Number inspected	1555	1063	230	5637	811
All diseases except tuberculosis—					
Whole carcasses condemned	2	7	—	1	7
Carcasses of which some part or organ was condemned	526	234	10	64	37
Percentage of the number inspected affected with disease other than tuberculosis	33.9	22.6	4.3	1.1	5.4
Tuberculosis only—					
Whole carcasses condemned	9	44	—	—	6
Carcasses of which some part or organ was condemned	183	359	—	—	27
Percentage of the number inspected affected with tuberculosis	12.3	37.9	—	—	4.0

D. UNSOUND FOOD

In addition to the carcasses, etc., condemned at the slaughterhouse, foodstuffs were surrendered as being unfit for human consumption during the year as under:—

Canned goods	...	...	...	...	16,018 tins
Fresh food—					
Vegetables and fruit	...	...	...	...	541 lbs.
Fish	...	...	...	...	670 stones
Meat	...	...	...	...	6,795 lbs.
Miscellaneous	...	...	...	...	3,620 lbs.

E. INSPECTION OF FOOD PREMISES

The supervision of food premises has continued to receive considerable attention, although the routine work of inspecting restaurant kitchens, etc., during the peak period of the year was somewhat curtailed when it became necessary for the food inspectors to devote the majority of their time to the work required in connection with the outbreak of food poisoning.

The proprietors of 26 food premises were notified that their premises did not comply with the requirements of the Food and Drugs Act, 1938; in 25 instances the contraventions were rectified within a short period, but in one case in which the proprietors failed to bring their premises up to the required standard it was necessary to institute legal proceedings in respect of 8 contraventions. Convictions were obtained on 6 charges and the remaining 2 were dismissed. The Bench imposed fines totalling £60, and 10 guineas costs.

The powers obtained by the Council in their private Act of 1947 requiring the registration of hawkers of food and the premises used by them for the storage of food proved to be of considerable assistance, as it is necessary for persons retailing ice-cream from tricycles and mobile vans in the Borough to be registered by the Council; this is a provision which cannot be required under the Food and Drugs Act 1938.

Registration of retailers of ice-cream from tricycles is refused unless the retailer undertakes to sell the wrapped product only. Mobile vans are registered for the sale of loose ice cream only when these are provided with a sink and hot and cold water supplies. Eight hawkers were registered to retail ice-cream from tricycles and three from mobile vans. Three applications by persons to sell ice-cream from mobile vans were refused. In addition eight hawkers of food were registered and two were refused owing to the premises in which they proposed to store their foodstuffs being unsatisfactory. One hawker of fish was refused registration as the arrangement whereby he proposed to prepare the fish in the kitchen of the house occupied by his family, was considered to be unsatisfactory.

Number of visits of inspection made to:—

Restaurants, cafes, etc.	...	...	...	...	1,346
Shellfish shops	...	...	...	...	891
Butchers' premises	...	...	...	...	560
Provision shops	...	...	...	...	481
Fish shops	...	...	...	...	311
Bakehouses	...	...	...	...	297
Provision warehouses	...	...	...	...	83
Greengrocers	...	...	...	...	74
Other food premises	...	...	...	...	522

F. FOOD AND DRUGS ACT 1938

During the year 425 samples were submitted for analysis by the Public Analyst. The samples consisted of:—

<i>Nature of Sample</i>	<i>Number</i>
Milk	179
Ice-cream	63
Vinegar	18
Cooking fat	8
Butter	7
Margarine	6
Sausages	3
Colouring matter	3
Sweets	3
Gelatine	2
Alcoholic drinks	1
Non-alcoholic drinks	1
Cockles	1
Groceries, including meat and fish pastes, tea, coffee, jam and flavouring essences	130
	425

Of the samples analysed, 20 were reported to be not genuine, details of which, and the action taken in regard thereto, are as follows:—

Sample No.	Formal or Informal	Article	Adulteration or other irregularity	Action taken
9115	I	Batter Flour	Contained Acari or Meal Mites	Remainder of stock withdrawn from sale and surrendered.
9134	F	Milk	2.5% added water	Cautioned
9228	F	Milk	3.3% Deficient in fat	Cautioned
14	F	Vinegar	Consisted wholly of Non Brewed Vinegar	Cautioned
15	F	Vinegar	Consisted wholly of Non Brewed Vinegar	Cautioned
80	F	Milk	5.5% added water	Fined £5
101	I	Sausages	60% Deficient in meat	Savoury sausages served with a meal
137	I	Soup Powder	Infested with Insect Life	Remainder of stock surrendered
146	I	Pudding Mixture	Contained only 0.37% available carbon dioxide	Cautioned
163	F	Milk	3.3% Deficient in fat	T.T. (Cert.) Milk. Milk as given by cow, see 172-182 & 8626/7.
172	F	"	6.7% do.	T.T. (Cert.) Milk.
173	F	"	6.7% do.	Procured at place of
174	F	"	3.3% do.	delivery by request
178	F	"	6.7% do.	of vendor of sample
179	F	"	6.7% do.	No. 163.
182	F	"	1.7% do.	
8626FRT	"Appeal to Cow"	"	16.7% do.	"Appeal to Cow" samples. Procured at
8627FRT	do.	"	6.7% do.	request of producer of
188	I	Tomato Paste	8.0 grains per lb. of tin	samples 163, 172-182. Remainder of stock surrendered.
238	I	Milk	16.7% Deficient in fat	Procured from school kitchen. Subsequently ascertained some milk had been removed from churn prior to sample being taken.

G. KNACKER'S YARD

The licence granted by the Council to use premises as a knacker's yard was renewed for a period of twelve months. The yard has been well maintained and 751 animals were slaughtered therein, 282 visits of inspection being made.

H. FACTORIES ACT, 1937

The particulars required by Section 128(3) as requested by the Ministry of Labour and National Service are shown in the tables, on page 48.

Inspections

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>	
		<i>Inspections</i>	<i>Notices served</i>
(a) Factories in which Sections 1, 2, 3, 4 & 5 are to be enforced by the local authority	56	86	—
(b) Factories not included in (a) to which Section 7 applies	602	1472	6
(c) Other premises in which Section 7 is enforced by the local authority (excluding out-workers premises) ...	49	61	—
Total ...	707	1619	6

Defects Found

<i>Particulars</i>	<i>Number of cases in which defects were found</i>	
	<i>Found</i>	<i>Remedied</i>
Overcrowding	5	5
Sanitary conveniences—		
(a) Insufficient	3	3
(b) Unsuitable or defective ...	12	11
(c) Not separate for sexes ...	4	4
Total	24	23

Inspections were carried out and defects and contraventions of the Act noted. The attention of the occupiers was drawn to these, in the majority of instances, at consultations on the premises, and many defects or contraventions were remedied without the service of written notice.

Outworkers

Lists received from employers and other authorities.

<i>Nature of Work</i>	<i>Lists</i>	<i>Workmen</i>
Wearing apparel	23	68
Curtains and furniture hangings	1	1
Brushes	1	1
Christmas stockings	3	3
Lamp shades	1	1
Basket Making	1	1
	—	—
	30	75
	—	—

I. SHOPS ACTS, 1912-1936

During the year, 1,454 visits of inspection have been made under the Acts. These include inspections on Sundays under the Shops (Sunday Trading Restrictions) Act, 1936.

In the course of inspections under the Acts, 271 verbal and 23 written warnings were given for various infringements.

J. PUBLIC MORTUARY

During the year, 194 bodies were received in the public mortuary, where 153 autopsies were performed.

K. DISEASES OF ANIMALS ACTS

The Chief Sanitary Inspector acts as the inspector of the local authority under the Diseases of Animals Act.

The veterinary inspections required by the Acts are carried out by the divisional inspectors of the Ministry of Agriculture and Fisheries. There is, additionally, certain local administration of the numerous Acts, Orders and Regulations.

INFORMATION SUPPLIED BY METEOROLOGICAL OBSERVER

Total sunshine for year	...	1992.5 hours
Sunniest day		15 hours on July 3rd
Total rainfall for year	...	15.34 inches
Wettest day of year	...	1.51 inches on October 26th
Temperature Maximum	...	89° on June 27th & September 5th
Minimum	...	27° on February 27th

The total number of hours of sunshine registered in the year is the highest on record since records began in 1907 and is 351.1 hours above the average. During the period May/September a total of 1178.3 hours was registered.

The rainfall for the year was 5.01 less than the average.

The mean temperature for the year, 53°, was the highest on record for the Borough; the month of September was particularly warm, the mean temperature of 65.8° being 6.1° above the September average.

R. A. DRAKE,

Chief Sanitary Inspector.

INFECTIOUS DISEASES

The following table shows the number of notifications received during the year:—

Scarlet Fever	...	...	...	...	350
Whooping Cough	...	...	...	...	223
Poliomyelitis	...	...	...	...	16
Acute Encephalitis	...	...	...	...	1
Measles	...	...	...	...	2,365
Pneumonia	...	...	...	...	170
Dysentery	...	...	...	...	4
Para-typhoid "B"	...	...	...	...	1
Erysipelas	...	...	...	...	50
Meningococcal infection	...	...	...	...	2
Puerperal Pyrexia	...	...	...	...	5
Puerperal Fever	...	...	...	...	1
Ophthalmia Neonatorum	...	...	...	...	3
Infective Hepatitis	...	...	...	...	87
Food Poisoning	...	...	...	...	111
					3,389

SCARLET FEVER

Notifications numbered 350, almost double the total for the previous year. There was a minor peak in the second week of April, when 13 cases were notified. An epidemic began in September, and by December approximately 20 cases were being notified each week. The epidemic persisted for the first three quarters of 1950; its characteristics will be discussed in a subsequent report.

WHOOPING COUGH

A total of 223 notifications were received being less than half the number in the previous year. The weekly incidence tended to show the same gradual recession as was observed in the latter half of 1948, and during the last 20 weeks of the year only 23 cases were notified. There were no deaths from this disease.

POLIOMYELITIS

The incidence of this disease was heavier than last year—16 cases as compared with 7. The first case belonged to the second week in June, and was followed by another three weeks later; a third case occurred after the same interval, and three weeks after that there was a case of polioencephalitis. The following week, being the second week in August, produced two cases, and three occurred in the week ending August 21st. Another case occurred in the first week in September and another in the third week. The last week in September and each of the first two weeks in October each produced two cases.

MEASLES

The curve of the measles notifications was rapid. Of a total of 2,365 notifications 1,115 cases occurred in the first eight weeks of the year and 1,128 in the second. The rise in the rate began abruptly in the first week in January, and reached a peak during the first week in March, when 360 cases were notified. Thereafter the notifications declined and by the end of the first week in May the epidemic could be said to be at an end.

The disease generally was mild, and was accompanied by a low mortality, only one death occurring, which is very satisfactory, particularly having regard to the months during which it was most prevalent.

PNEUMONIA

There was a slight rise in the notifications of pneumonia, 170 as compared with 148 in the previous year. It was noteworthy that the curve of the pneumonia notifications followed very closely that produced by the measles notifications. At the end of January and beginning of February an average of 13 cases each week was being notified.

PARA-TYPHOID 'B'

One case was notified from the Southend General Hospital where the diagnosis was made, the home address of the patient was not within the County Borough.

INFECTIVE HEPATITIS

The total notifications rose from 41 to 87. The incidence was comparatively constant throughout the year except for the period between May 21st and September 9th, during which a total of only 10 notifications were received.

The incidence according to each 4 week period and the age distribution are shewn below. As compared with the previous year more children were affected, 38% under 15 years instead of 21%. The age group 5 to 10 produced 24% of all cases as compared with 14.7% in 1948.

Cases (four-week periods)														
1949	6	10	8	9	9	3	6	1	—	11	10	6	8	87
Age Groups														
1949	0 —			5 —			10 —			15 +			<i>Total</i>	
	6			21			6			54			87	
Percentage														
1949	0 —			5 —			10 —			15 +			<i>Total</i>	
	7			24			7			62			100	

The following account of the behaviour of this disease in the family of a local practitioner may be of interest. The Doctor's small son aged 6 years was unwell at the beginning of November 1948, complaining of malaise. The faeces were observed to be light coloured, although no icterus was noted. The Doctor became ill on November 25th and developed typical jaundice. His wife sickened on December 24th. A daughter returned from boarding school for the Christmas vacation going back to school again on January 18th. She developed typical jaundice on January 27th. Another sister who remained at home sickened on February 19th.

FOOD POISONING

This was the most serious and certainly the most troublesome problem of the year.

Cases of food poisoning notified in each of the four quarters of the year totalled 3, 7, 91 and 10 respectively. There were 5 outbreaks producing a total of 90 notifications, the causes of which were not established, and 21 single cases, a cause being found for 5 of them.

The actual number of patients known to have suffered from food poisoning is larger than 111, the total of notifications. In the course of investigating the illnesses associated with the consumption of shell fish in August, September and October we discovered 135 local cases.

At the beginning of September food poisoning associated with the eating of shrimps, prawns and cockles came to notice, and illnesses following the eating of cockles continued to occur throughout the month. Cases known to have occurred in the County Borough totalled 135.

In all, a total of 437 cases were reported, the foods implicated being:—

Shrimps	...	18 cases
Prawns	...	21 cases
Cockles	...	398 cases

A description of the organisation of the industry and the methods and agencies for its control, is necessary to a coherent account of the outbreak. The Leigh-on-Sea cockle fishing industry is one of the largest and best known in the country. There are 13 firms engaged in cockling, and they are, for the most part, family concerns. Each is based on a "shed" where the cooking is done and from which in some instances, a substantial retail trade is carried out. One shed provides in addition teas and light refreshments.

The cockle boats—the bawleys—leave Leigh shortly after the ebb begins, timing their approach to the estuarine sands so as to go aground at the spot selected for gathering. The crews, who may number 6 or 8, rake up the cockles which live just below the surface of the sand, with a short handled steel rake, scooping them up with a stout net mounted on a handle, worked by the other hand.

The cockles are transferred to baskets, carried to the bawleys and emptied into the hold. When the flood tide refloats the bawleys, work on the ground ceases, and the vessels then return to the Leigh Creek where the cockles are unloaded, being dipped in Leigh Creek water to remove some of the sand and mud.

In the summer in particular, cooking is often undertaken forthwith. Steam is raised in a vertical boiler, which passing through a reducing valve, enters the cooking "pots" usually three in number. A "pot" holds 2 baskets each with a capacity of 3 gallons, and has a vent hole in the bottom; thus no significant steam pressure can build up inside.

After cooking about $2\frac{1}{2}$ minutes steam can be seen coming from the vent, and this continues until the steam is turned off. The "pots" are filled in rotation, the sequence of operations being such that the fish in each are cooked for approximately 6 minutes, but the duration of the process is not checked with any timing device. According to Dr. Timbrell Bulstrode who reported to the Local Government Board in 1909, the cooking time was then controlled by a sandglass.

The cooked fish are then emptied into a rectangular riddle, suspended from the roof of the shed over a 30 gallon tank of fresh water, taken from the public supply, and the riddle worked backwards and forwards so as to separate the shells from the fish, which falling into the water are cooled, the sand and shell fragments tending to sink.

Later the fish are transferred to a series of tanks, and stirred round in the water by a circular movement of a net mounted on a short handle; from the fish brought to the surface fragments of shell and broken fish are picked out by hand. During these operations the hands and forearms of the operative are always immersed in the water and at times the upper arm almost to shoulder level enters the washing water too. It is not surprising that Dr. Bulstrode was impressed by the opportunities for post-cooking contamination which this procedure offers.

The fish, being freed from extraneous matter, are then salted. Those destined for distant markets or intended to be retained in the hands of the producer for some time—in the winter this may well be a matter of weeks—are laid down with a considerable quantity of coarse salt, in fact they can be said to be packed in brine. Fish delivered to Billings-

gate Market or direct to retailers in Essex and Kent are less heavily treated with salt, and sent out in stockinette bags each containing about 2 gallons. Cockles sold retail at the sheds or delivered to retailers in Southend are salted sufficiently to bring out the flavour of the flesh, as the public prefer the cockle in this state.

That we had no reports of illness due to the heavily brined cockle, is regarded as being significant, particularly as the few cases reported as arising from the intermediately salted fish could be explained by contamination at the place of sale. The main source of trouble was clearly the fish salted only "to taste."

As has already been stated some of the cockle firms have a large retail trade from their "sheds," the fish being served on small plates and eaten *al fresco*, or sold in stockinette bags or cardboard cartons for consumption elsewhere. These retailers also serve shrimps which they purchase, already cooked, from shrimp fishermen, mussels and prawns, the latter being usually purchased through Billingsgate.

Retail distribution in Southend is usually by shops and stalls specialising in shellfish, and from hawkers and from a few fishmongers' shops. An enormous trade is carried out in the height of the summer at these shops and stalls where the fish are arranged in heaps, which, displayed in the open air, are repeatedly handled and reshaped by the assistants, offering ample opportunity for contamination. All of the shellfish shops and stalls retail fish for consumption off the premises, and some sell fish put up in jars containing vinegar.

No cases of food poisoning were attributed to fish sold locally by hawkers, a likely explanation being that their stocks were disposed of very quickly so there was no time for any great bacteriological growth. The fishmongers' cockles also gave rise to no trouble, which fact we attribute to their being heavily salted.

Locally the public health control of this industry is complicated. Most of the cockles are gathered from the "prohibited areas" specified in the Order made by the Port Health Authority of the Port of London pursuant to the Public Health (Shellfish) Regulations 1934. Consequently the methods of cooking are the concern of the Port Health Authority. Immediately after cooking however, further control is exerciseable by the local authority under the Food and Drugs Act 1936, Section 13. As regards shellfish taken from the Corporation's foreshore, there is additional control because an agreement provides that the cooking apparatus and method of treatment shall also be to the approval of the medical officer of health.

It will readily be appreciated that the events herein narrated called for the closest liaison between the officers of the two authorities concerned, and the writer is indebted to Dr. H. M. Morgan of the London Port Health Authority and Mr. Madeley, Port Sanitary Inspector for their co-operation and assistance.

There are certain difficulties in regard to the investigation of food poisoning from this source which should be mentioned. The average tripper commits a long series of dietetic indiscretions almost from the moment he begins his outing—beer—icecream—candy floss—shell fish—

pastries—jellied eels are consumed in great quantities, and any untoward consequences are blamed on the shellfish which may be completely innocent. It is surprising that in an average year more complaints are not received. Then there is the difficulty of finding the source of the food; many of the shops are clustered together so that accurate identification is often not possible; some families are extensively engaged in this business so that the same name may be exhibited outside shops which have no common source of supply, and the cocklers themselves lend and borrow cooked fish so that there is further confusion as to source. Lastly there is a latent period before information comes to hand, particularly about cases occurring in visitors from other localities, and even when it is received, it is often exasperatingly incomplete and inconclusive.

That we are able to report this outbreak so completely is due to the extraordinary care and assiduity of the Chief Sanitary Inspector in assembling and sifting the information concerning it.

The illnesses were reported from a large number of localities and within varying periods from the onset of the symptoms; but all were associated with Southend because the suspected food was

- (a) eaten here
- (b) purchased here or
- (c) produced here.

Most frequently the suspected food was eaten here.

As will be shewn, the outbreak presented certain features which, in the beginning, were not only difficult to explain, but were actually misleading. The first explosion involved the week-end of September 2nd-5th, when 100 cases came to light, the source of the food being identified for 94 of these, viz:—

Shrimps	...	18 cases
Prawns	...	21 cases
Cockles	...	55 cases

Five suppliers were implicated, but all the illnesses except 10 attributed to cockles, were associated with Shed H, so that it was logical to focus attention there.

Guided by our experience in 1946, when a typhi-murium infection caused illnesses in persons eating cockles retailed at a Tattoo, during the Bank Holiday period, the staff of the shed were investigated bacteriologically, but nothing of significance was reported. The proprietor and one of his men, admitted having suffered from diarrhoea on the night of September 3rd/4th and the employee had a septic spot on his hand. It is also to be noted that only the cockles were processed in this shed; the shrimps came locally from another source and the prawns were obtained through Billingsgate Market.

The evidence, which came in spasmodically and after some delay, suggested that something had gone radically wrong in this particular shed, but that there was no need for anxiety regarding the industry as a whole.

The next week-end, it was quite different. September 10th-11th produced 106 cases, for 52 of which we traced the supply of the fish.

This time only the cockle was at fault. Four sheds were implicated, viz:

Shed B.	...	22 cases
Shed G.	...	4 cases
Shed H.	...	2 cases
Shed I.	...	24 cases
Total		52 cases

It will be seen that Shed H which gave rise to the major portion of the previous outbreak, was now associated with only 2 cases, and Sheds B and I, with 22 and 24 respectively, became new centres for investigation.

We now questioned whether there was anything wrong with the industry as a whole, and urgent consultation took place between Dr. Morgan of the Port Health Authority, the cockle wholesalers and ourselves. Certain possibilities were examined, namely:—

(a) That owing to the abnormal weather conditions and the diminished flow in the Thames, the fish were liable to unusual pollution;

(b) That the cooking process was not sufficient to cope with the additional pollution;

(c) That raw material dumped in the approaches may have contaminated the fish;

(d) That abnormal temperatures, combined with an unprecedented number of visitors, had led to partial breakdown in good handling methods in some establishments.

As a result of this meeting it was agreed:—

(a) To change the gathering grounds—at this period the cocklers were working at Pigs Bay, sands north of Shoebury Point;

(b) To discontinue the practice of dipping the cockles in Leigh Creek—dipping removes some of the sand adhering to the shell;

(c) To cook for seven instead of six minutes—this was a major economic concession, because the bulk of the fish, which is sold by volume, is reduced by about 20% by the additional cooking;

(d) To pay special attention to the cleansing of tanks and fish riddles;

(e) Generally to improve methods employed in the sheds.

Investigations were undertaken, the result of which showed the possibility of chemical contamination could be ruled out, and the cooking process, when properly and conscientiously carried out, was sufficient to produce a fish which was, for all practical purposes, completely free from organisms when it emerged from the cooking pots.

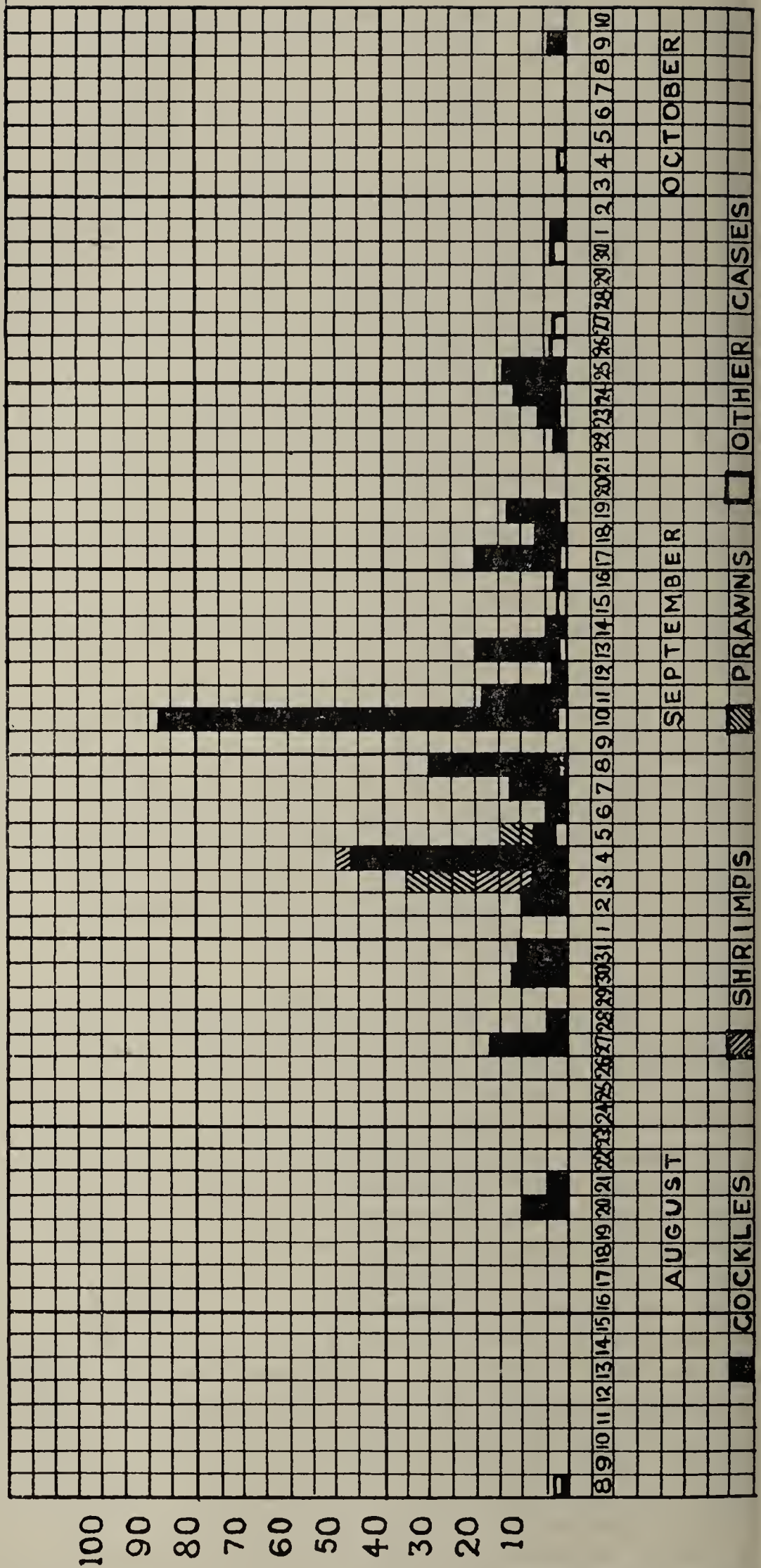
A week later (September 17th—19th) there was another flare-up when a total of 46 cases came to light, the source of the food being identified in only ten, namely:—

Shed B.	...	3 cases
Shed G.	...	7 cases

By this time it was reassuring to know that no organism ordinarily and customarily regarded as pathogenic had been isolated from any of the sufferers, and that the illness, though disturbing, had nowhere proved grave. We were able to satisfy ourselves that the most likely explanation was that we were dealing with illness caused by non-specific organisms which had proliferated to an unusual degree in the abnormally high and sustained temperature which then prevailed.

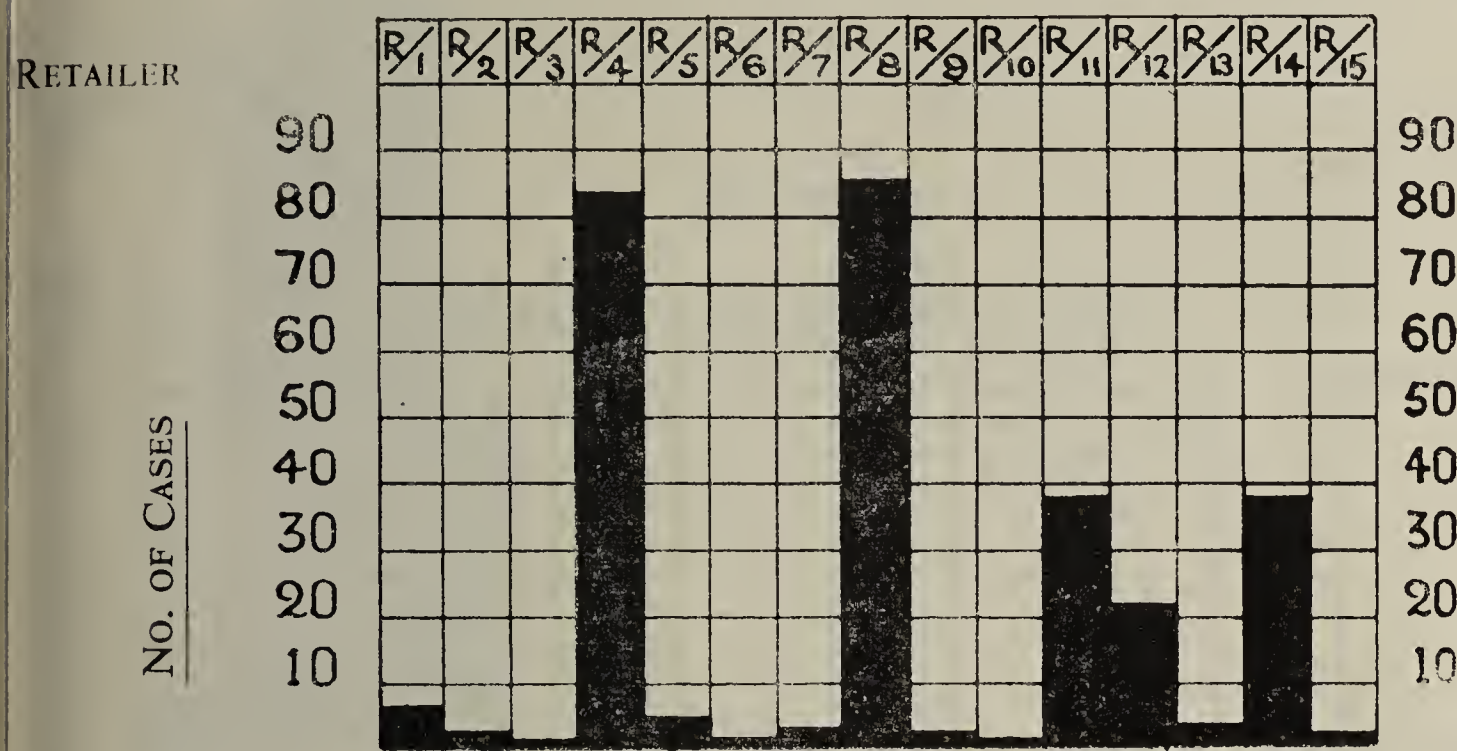
There was another small increase of notifications a few days later, and then the notifications fell off and ceased.

TABLE A



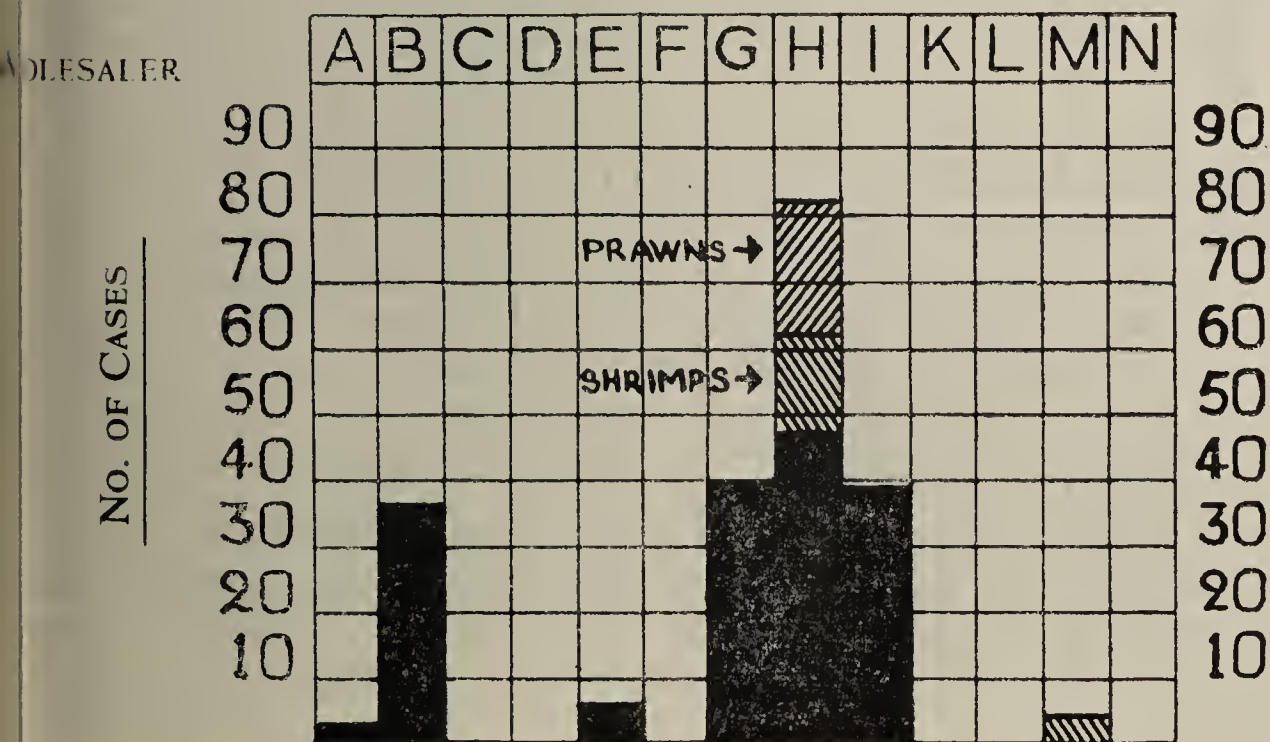
TABLE

RETAIL ORIGIN OF 298 CASES CLASSIFIED
ACCORDING TO RETAILERS



TABLE

WHOLESALE ORIGIN OF 211 CASES. CLASSIFIED
ACCORDING TO WHOLESALERS



20
21
22
23
24
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[illegible]

TABLE E

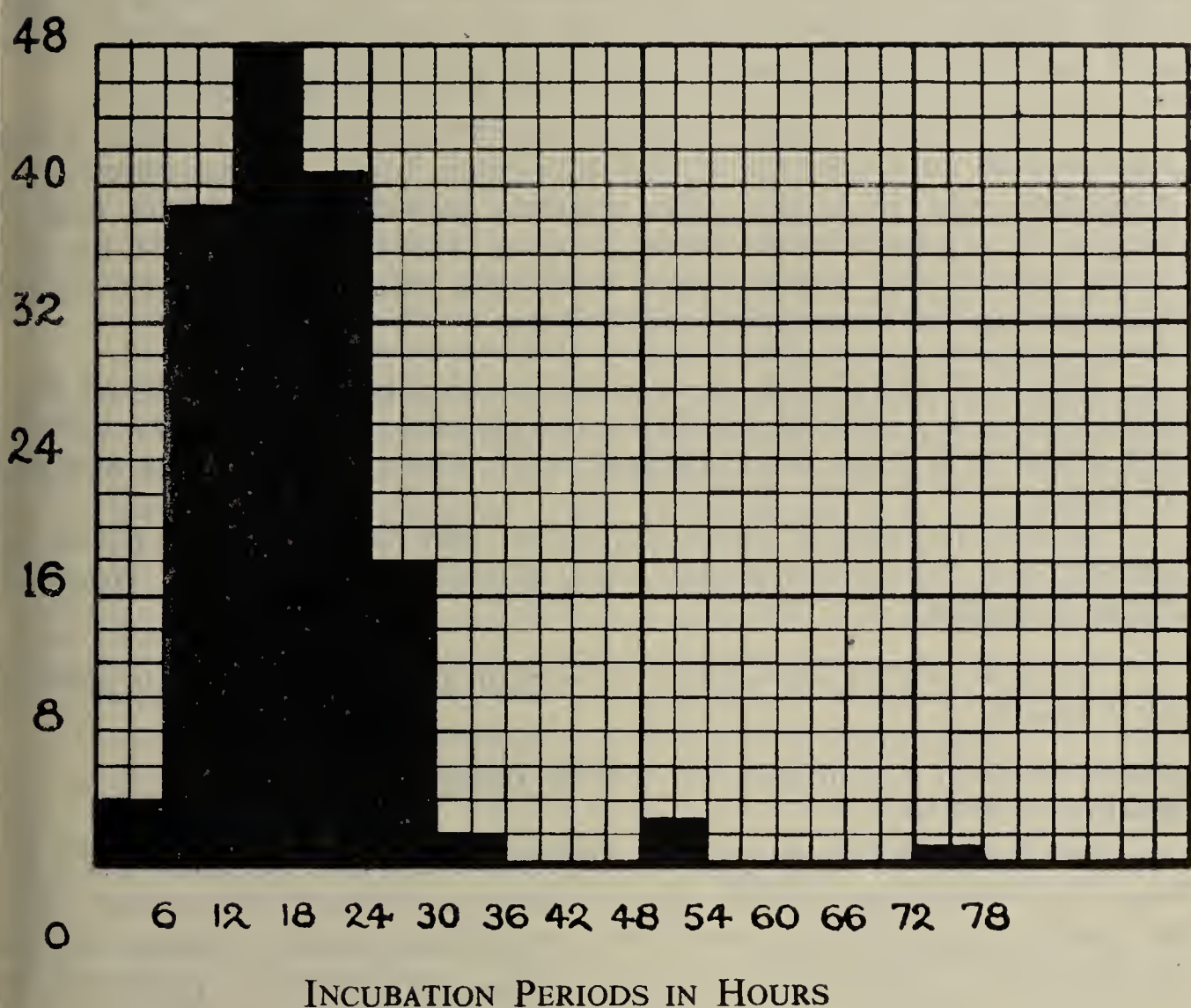


Table A. shows the date upon which the suspected article of food was eaten, and distinguishes between cockles, shrimps and prawns and other causative agents.

For reasons which have already been explained, it was often difficult and sometimes impossible, to ascertain the retail and the wholesale sources of the shellfish complained of; but a confident identification of a retail origin was made for 298 cases (Table B.), and of the wholesale origin for 211 cases (Table C.).

Table D. presents a variety of information. From it will be seen that prior to August 8th (8.8.) three cases had been notified and that between September 26th and October 9th (26.9.—9.10.) a further 18 cases were reported. The sheds which were identified as the source of the offending fish, for the 211 cases already mentioned, are shown by the cross-heads A., B., E., G., H., I., and M., the individual columns headed C., S., and P., designating cases due to cockles, shrimps or prawns respectively. The numbers under these heads show the number of cases traced to each of these sheds, set out according to the day upon which the food was eaten, and the figures in the last column of the table show the total number of cases notified as arising each day. The table shows quite clearly the experience of the various sheds, and the disparity between the number of cases where the source was traced and the total notifications.

Four sheds B., G., H., and I., contributed the greater proportion of the identified cases, but the experience of shed H., with 84 cases concentrated between September 2nd and 5th inclusive, contrasts vividly with the others, where there was a much greater time spread.

In 156 cases where histories are available, the average period between the consumption of the implicated food and the onset of the symptoms was 16 hours. The shortest period was 3 hours and the longest 72. Cases from the same group or family, tend to return the same latent period, but where cases have been very carefully investigated variations in the same group do emerge.

Details of symptoms are available in 84 cases, the majority of which presented with vomiting, diarrhoea and griping. Diarrhoea was, however, not noted in 2 cases and vomiting in 17 cases. Griping was absent in 15 cases.

In the majority of cases the illness was comparatively trivial and quickly over, but a few people were affected more severely. No deaths came to notice.

Table E shows the known incubation periods classified in intervals of 6 hours.

Bacteriological Examinations—Public Health Laboratory, Southend-on-Sea.

Dr. J. O. Oliver reported on September 8th and 9th (refs. 3782-3791 and 3792-3793) that the fish after cooking and before processing yielded no pathogens and were, moreover, practically sterile, cultures growing at most, two colonies of staphylococci; specimens of processed fish taken on September 12th as offered for retail sale (refs. 3824-3832 and 3847-3849), showed the absence of known pathogens, but in some cases heavy growths of organisms. He concluded: "although no pathogens have been isolated, my bacteriological findings indicate definite pollution in many cases and heavy pollution in some."

Independent Investigations.

Independent investigations made on behalf of the Port Health Authority by Dr. Knott, were communicated to me by Dr. Morgan on 20.9.49 as follows:—

" SHED I.

1. Raw cockles collected outside Pigs Bay.
B. Coli and faecal streptococcus present.
Colonies on plain and bile salt agar at 37° approximately 4,000 each.
2. Cooked; same batch after cooking by steam for 7 minutes.
B. subtilis.
Saprophytic micrococcus.

SHED F.

1. Raw cockles collected from Shoebury sand (The Bluker).
B. Coli and faecal streptococci present.
Colonies on plain and bile salt agar at 37° approximately 3,500 each.
2. Cooked; same batch after cooking by steam for 7 minutes.
B. subtilis (heavy growth on whole plate).

SHED G.

1. Raw cockles collected from east side of Shoebury Boom.
B. Coli and faecal streptococci present.

Colonies on plain and bile salt agar at 37° approximately 3,200.

2. Cooked; same batch after cooking by steam for 7 minutes.
Coagulase negative staphylococcus aureus and albus.
Coagulase positive staphylococcus aureus. B. subtilis.
No salmonella nor clostridia cultivated.

COMMENTS :

1. B. Coli and enterococcus are not surviving the steam cooking which is presumably efficient.
2. It seems possible that dust-borne organisms are reaching the cooked cockles though cultures are not heavy. It is just possible that some favouring of staphylococcus by a briny medium may occur thereafter."

Bacteriological investigations of the shellfish failed to show the presence of any generally recognised pathogenic organisms, and the examination at various laboratories of specimens from patients failed, as will be seen from the following table, to implicate any organism.

<i>Date of consumption</i>	<i>No. of persons investigated</i>	<i>Locality</i>	<i>Bacteriological findings</i>
10th August	4	Merton	(1) B. Morgani. No. 1
		Merton	(3) No pathogens.
12nd September	7	Watford	No pathogens.
14th September	2	Paddington	(1) B. proteus morgani. (2) No pathogens.
15th September	1	Romford	No pathogens.
16th September	3	Dartford	No pathogens.
17th September	15	Romford	No pathogens.
18th September	3	Southwark	No pathogens.
19th September	1	Lewisham	N.L.F. probably paracolon group 1.
20th September	1	Woolwich	B. proteus.
21st September	2	Twickenham	(1) Heavy growth b. vulgaris. (2) Scanty growth b. morgani.
22nd September	2	Finchley	No pathogens.
23rd September	3	Deptford	No pathogens.

Since September, 1949, Dr. Oliver and his successor Dr. Pilsworth of the Public Health Laboratory, Southend-on-Sea, have conducted a large number of examinations of processed cockles, shewing conclusively that the methods of cooking as approved by the Port Health Authority, are adequate to render sterile or almost sterile the shellfish landed at Southend-on-Sea. They further demonstrate that, during the subsequent processing, contamination with non-specific organisms usually happens, but that with good technique and in favourable temperature conditions,

the method now in use is capable of producing a fish with a minimal bacterial content.

Administrative Action.

As is not unusual, there was available to the Department a great deal of advice not all of it particularly well informed. Some section of the shellfish industry denied publicly that there were any cases of food poisoning, ascribing the illnesses to dietetic indiscretions. Somewhat illogically they went on to say that if the illnesses were food poisoning, they were only part of a wave of illness from which people who did not eat shellfish were also suffering. That this is manifestly not true is shown quite clearly by Table A.

At the other extreme some of my colleagues in other places were most insistent that the sale of shellfish should be stopped in Southend although they were not nearly so precise as to the legal basis for such action.

Some medical officers very properly felt impelled to issue warnings in their own localities about the outbreak, and we are much indebted for their restraint and the realism of their views. The local press too gave unsensational and balanced accounts which did a good deal to allay public concern.

It is perhaps not unprofitable to discuss the administrative problems here involved. The outbreak presented three successive stages. Firstly, an explosion involving three kinds of food from one shed; then a second in which the sources were readily identified and finally a stage when only a small proportion of the cases could be traced back. At the beginning it was impossible, and throughout the outbreak it was difficult to construct a hypothesis which would explain all the observed facts and the conclusions which have been reached rest upon negative findings and the rejection of alternative explanations rather than on any positive evidence.

As to those who pressed for the prohibition of the sale of shellfish one is entitled to ask upon what basis such action should have been taken. It is assumed that consideration had been given to Food and Drugs Act 1938 section 18 which provides that where a medical officer of health has reasonable grounds for suspecting that any food, of which he has procured a sample, is likely to cause food poisoning, he may give notice to the person in charge of that food that, pending further investigations, the food is not to be used for human consumption. If, as a result of his investigations, the medical officer is satisfied that the food is likely to cause food poisoning, then it may be dealt with in the manner prescribed for unsound food, but if the food is shown not to be unsound then the authority is liable to pay compensation.

As has been pointed out, there was no source from which food consistently gave rise to illness, and when illnesses had been notified the stocks of shellfish in question had been sold and consumed. The bacteriological investigations produced no recognised pathogenic organism, and all we knew was that some of the shellfish gave high counts of non-specific organisms, without any substantial body of proof that

this degree of contamination was regularly and consistently a source of food poisoning.

The view formed by the Department, with which the Town Clerk fully agreed, was that at no time was there any evidence as would justify action under this section. It is clear that had the powers of this section been invoked, the Corporation could have been called upon to pay compensation and that the trade and good will of many reputable firms would have suffered unjustifiable dislocation and damage. The plain fact is, that in the present state of the law the conditions which would justify action of this kind never existed during the outbreak.

Mention has already been made of the consultations which took place between the Port Health Authority, the wholesale traders, and the officers of this Department, and the measures which were then agreed and loyally put into operation have been enumerated. When we began to have a clearer picture of events and some foundation of bacteriological information upon which to build, a circular letter, which is set out below, was sent to all shellfish retailers in the area and by the end of the year arrangements were well in hand to present to the trade the evidence which we had been able to accumulate about this matter and the conclusions we had drawn.

Municipal Health Centre,
Warrior Square,
Southend-on-Sea.

CONFIDENTIAL

Dear Sir,

FOOD POISONING

During the last five weeks I have received a succession of reports of food poisoning occurring in visitors who have partaken of shellfish at establishments in the town; or in households where shellfish purchased in the town has been consumed.

Concurrently I have received nearly 100 notifications of food poisoning in residents of Southend, which they and their medical advisers attribute to eating shellfish purchased locally.

Gastro-intestinal disorder of an ill-defined kind is said to have been generally prevalent, but in my view there is a considerable body of evidence which would tend to inculcate shellfish, particularly the cockle.

The outbreak has presented certain features which have made it impossible to establish its cause beyond all doubt. There is no definite evidence to show that there has been a general breakdown in the efficacy of sterilisation, and our present view is that the cause may be found in the unusually rapid growth in the processed shellfish of germs which ordinarily cause the spoiling of food.

These germs, while not ordinarily the cause of specific disease can, it is known, when present in large numbers, cause gastro-intestinal upsets of the kind now reported.

Once conditions which favour the unusual proliferation of these organisms are established in any premises, it is difficult to prevent re-infection, as is proved by experience in dairies, hospital wards, and

bacteriological laboratories. You are therefore advised:—

- (a) To review generally the methods of storage and handling of shellfish, at present employed by you;
- (b) To reduce handling and exposure on open stalls or counters to a minimum;
- (c) To take all practicable steps against contamination by dust and flies, etc.

In addition, it is suggested that any stocks of cooked shellfish now held by you should be destroyed, and the whole of your premises, utensils, etc., be subjected to a thorough cleansing with soap and hot water, and boiling wherever this is practicable. The use of a hypo-chlorite cleansing agent where possible is also recommended.

At the same time it is recommended that you review your personnel. Persons with colds, heavy nasal discharge, or those who have any boils or cuts on the hands, should be excluded from any activities in connection with the preparation and handling of food, until the condition has been cured.

If there are any points upon which you would desire further information, Mr. Drake, the Chief Sanitary Inspector, 27 Victoria Avenue (Telephone No. 44421), will be pleased to advise.

Yours faithfully,

J. STEVENSON LOGAN,

Medical Officer of Health.

Something has already been said about the incomplete and fragmentary way in which information about the illnesses came to us. The following tables show clearly the delays which are inevitable in investigations of this kind, and emphasize how difficult it is to take administrative action in regard to an article of food which may be gathered, processed, sold and consumed within 36 hours. It is also interesting to note the large number of areas from which cases were reported. As can be expected, there were marked differences between the reports received from various outside localities. Some medical officers of health telephoned the results of prompt, complete and well conceived enquiries, but in other areas there was delay and even failure to elicit essential information. It is, of course, unlikely that the same attention would be paid to relatively mild illnesses of this kind as would be focussed on an outbreak of enteric fever or smallpox, but the hands of those who have to deal with food poisoning outbreaks are immeasurably strengthened by the receipt of early, accurate and complete information.

Conclusions.

An outbreak of gastro-enteritis associated with the consumption of shellfish continued for at least four weeks. It is attributed to the presence, in the processed fish, of a large number of non-specific organisms. These organisms did not survive the cooking process but were introduced in the subsequent handling of the product. This contamination would not, in ordinary conditions of weather and temperature, have resulted in

growths of such a magnitude as to cause illness, even in susceptible persons, but during a period of sustained abnormally high temperatures, bacteriological proliferation was stimulated to such an extent as to cause illness.

As regards the part which can be played in the causation of disease by the nonspecific micro-organisms, the following quotation from "The Pasteurisation of Milk" 1942, by Dr. G. S. Wilson, the present Head of the Public Health Laboratory Service deserves mention. "Particularly during recent years, there has been an increasing volume of evidence to shew that milk, or indeed any food, in which there has been undue bacterial proliferation is liable to give rise to food-poisoning or diarrhoea, even in the complete absence of any known pathogenic organisms."

It is to be concluded that the warning given by Dr. Timbrell Bulstrode in 1909 still holds good, namely, that the washing and handling of the fish subsequent to cooking affords opportunities for contamination from which illness may result.

It follows, therefore, that the shellfish industry, and its advisers must continue to investigate and experiment until processes are evolved which reduce the post-cooking contamination to limits which are harmless even in the most extreme weather conditions.

I would like to pay tribute to the co-operation we received from Dr. Morgan and his staff of the Port Health Authority and very many colleagues who investigated these illnesses in their own district. I am deeply sensible of the understanding way in which the wholesale cockle industry accepted our suggestions and advice. In particular, I would draw attention to the very difficult problem which confronted my deputy, Dr. J. C. Preston, at a time when I was absent on leave and to the outstanding service rendered by the chief sanitary inspector, Mr. R. A. Drake and his staff. Without Mr. Drake's careful enquiry, patient sifting of reports and assembling of the available evidence, our knowledge of this outbreak would be much less complete than it is. The charts which illustrate the salient features of this occurrence were constructed by Mr. Drake and for them I am further indebted.

ANALYSIS OF 211 CASES IDENTIFIED WITH SOURCE

TIME WHICH ELAPSED BETWEEN SHELLFISH BEING EATEN AND

(a) Receipt of Notification

(b) Identification of Wholesaler

Days	No. of Cases			No. of Cases		
	Local	Other Towns	Total	Local	Other Towns	Total
1	23	—	23	—	—	—
2	22	10	32	5	—	5
3	9	15	24	19	2	21
4	12	11	23	20	16	36
5	6	22	28	13	4	17
6	9	13	22	12	22	34
7	6	11	17	6	11	17
8	—	—	—	4	18	22
9	4	19	23	8	12	20
10	—	—	—	3	—	3

11	—	2	2	1	6	7
12	—	2	2	—	12	12
13	—	—	—	—	5	5
14	1	7	8	—	—	—
15	—	6	6	—	1	1
16	—	—	—	1	6	7
17	—	—	—	—	3	3
18	—	—	—	—	—	—
19	—	1	1	—	—	—
20	—	—	—	—	1	1
	92	119	211	92	119	211

ANALYSIS OF THE 437 CASES NOTIFIED
NUMBER OF DAYS BETWEEN COCKLES BEING EATEN AND
RECEIPT OF NOTIFICATION

<i>No. of days</i>	<i>Local</i>	<i>Other Towns</i>	<i>Total</i>
1	30	2	32
2	28	24	52
3	17	26	43
4	21	42	63
5	6	33	39
6	10	17	27
7	15	30	45
8	1	3	4
9	4	27	31
10	1	3	4
11	—	9	9
12	1	8	9
13	—	10	10
14	1	7	8
15	—	8	8
16	—	1	1
17	—	1	1
18	—	—	—
19	—	15	15
20	—	2	2
21	—	—	—
22	—	—	—
23	—	—	—
24	—	—	—
25	—	—	—
26	—	10	10
27	—	—	—
28	—	—	—
29	—	4	4
No infor- mation	—	20	20
TOTAL	135	302	437

TUBERCULOSIS

During the year the Corporation completed the adaptation, furnishing and equipment of Lancaster House as a Chest Clinic on behalf of the Management Committee. The Clinic has come to play such an important part in the arrangements for the diagnosis and treatment of tuberculosis, not only in the County Borough, but in the adjoining parts of the County, that some account of its history may not be out of place in this Report.

When the extension of the Municipal Hospital at Rochford was planned between 1935 and 1938, the tuberculosis block was intended to accommodate patients requiring investigation, those awaiting transfer to sanatorium, and those whose condition needed segregation and hospitalisation rather than active treatment. Provision was made in an adjoining building for a complete artificial pneumothorax unit, where it was intended to deal with the out-patient refills.

The artificial pneumothorax unit was completed in 1939, but was never brought into use. It suffered superficial damage as a result of an air raid on 9/3/1941 when the nearby tuberculosis block received a direct hit. When the repair of the damage was possible the Health Committee was confronted by conditions which were rather different from those obtaining when the plans were being formulated. The shortage of sanatorium beds which had been met by providing a wider range of treatment at the hospital than was originally contemplated, had indirectly stimulated the development of domiciliary treatment. This in its turn had shown how inconvenient it was, particularly with the war-time restriction on transport, for out-patients to travel to Rochford.

The Medical Officer of Health therefore invited Dr. Frederick Heaf, then of the London County Council, and Dr. Leslie A. Banks, Principal Regional Medical Officer of the Ministry of Health, to advise about future arrangements. They confirmed his view that it would be better to acquire or build other premises which would be more accessible, particularly as by not using the A.P. Unit for its original purpose, it could be available for adaption for thoracic surgery.

In January, 1946, the Medical Officer of Health submitted a comprehensive report on the existing arrangements for the diagnosis and treatment of pulmonary tuberculosis, drawing attention to the need for a larger and better equipped tuberculosis dispensary, and outlining certain developments which experience had shown to be desirable.

The Chairman of the Health Committee, accompanied by the Medical Officer of Health visited the Ministry of Health in June, 1946, to discuss the future development of the tuberculosis service in the County Borough, and returned with the conviction that if a new tuberculosis dispensary was to be obtained within a reasonable time, it would have to be provided in an existing building, as new construction of this magnitude was out of the question.

The Council approved plans for the acquisition and adaptation of Lancaster House as a tuberculosis dispensary, and made a provisional

Compulsory Purchase Order in November, 1946. In March of the following year, the Minister of Health, being advised that the building was unsuitable for the proposed user, refused to confirm the provisional Order, and it required a great deal of effort on the part of the Health Committee and its Chairman before this decision was reversed in February 1948.

Before the fate of the scheme was finally settled, steps had to be taken provisionally to reserve an X-ray installation, without which the dispensary would have been unable to provide the service for which it was designed, so that, at a time when it was very difficult to obtain radiological equipment delivery delays were materially shortened.

The building was acquired for the sum of £2,855 which included an outstanding war damage claim; alterations and equipment (exclusive of the X-ray plant) cost £7,425.

The lay-out provides a consultative clinic on the ground floor and an A.P. Refill Clinic on the first floor, and allows of each to be in use simultaneously without interfering with the work of the other. On the ground floor there is an office, and immediately opposite, a large waiting room. From this the nurse's room is entered, from which in turn another door gives access to a small undressing room, through which is the consulting room. Upstairs there is a very large undressing room, with specially designed folding cubicles, so as to allow of upwards of 15 persons undressing at the same time. The X-ray room opens directly out of the undressing room, and in its turn communicates with the dark room. On the same floor there is an A.P. Refill theatre and an adjoining recovery room. The whole of this accommodation is entered from an enclosed landing, suitably screened. In the basement there are male and female staff rooms, a large room used for committee meetings or additional office accommodation, and provision for the storage of records and films.

The X-ray installation is a 500 m.a. 4 Valve Philips D x 4 machine, with a rotating anode tube and motor operated table and fluorescent screen.

The clinic was occupied by the Hospital Management Committee at the beginning of December, 1948, but delays in the installing of the X-ray apparatus prevented its being fully in use until the spring of 1949.

These new facilities have been exploited in the most energetic and imaginative way by Dr. Sita-Lumsden, the consultant physician for tuberculosis. Out-patients are no longer required to travel out to Rochford or to Prittlewell Chase for X-ray examination, and there is no delay in diagnosis. Dr. Sita-Lumsden has encouraged general practitioners to refer for "screening," any patients who have had recent pulmonary illnesses which have not completely resolved, and he has also developed the domiciliary treatment of tuberculosis in a way which minimises as much as possible, the dire consequences to both sufferers and contacts of the present tragic shortage of beds for the treatment of pulmonary tuberculosis.

Man is always greater than his tools, and the prime credit for the developments in the local situation must go to Dr. Sita-Lumsden for his work and to the Regional Hospital Board, and the Hospital Manage-

ment Committee for their employment of more staff, but it is important to refer to the part of the Health Committee in all this. In the first place, they planned and provided a modern 60-bed tuberculosis block at Rochford, and when this was damaged they reinstated it, incorporating piped oxygen and piped suction to the bed-heads. From the outset they placed their tuberculosis beds in the control of the clinical tuberculosis officer, and in advance of prevailing opinion they ensured that his appointment was accorded full consultant rank and status, and they planned and provided a chest clinic which has given the medical and nursing staff the fullest opportunity for developing their work. As a result the area now has a well equipped and soundly integrated tuberculosis service, and at the same time the radiological departments of both hospitals have been relieved of a very serious strain.

The total number of patients on the register at the end of the year was 1096, an increase of 70. New notifications totalled 208, only 8 more than last year, and having regard to the very complete notification of this condition, and the growing tendency to notify patients who shew evidence of tuberculinisation without much unfavourable clinical reaction, this can be regarded as satisfactory.

Special mention should be made of the sputum positive cases on the register for they are the main sources of infection. The yearly totals are set out below:—

1945	—	306
1946	—	280
1947	—	324
1948	—	332
1949	—	185

It is possible that some of the earlier totals would have been smaller had it been possible, more frequently to re-examine specimens, so ascertaining more speedily, the conversions from the open to the closed state. On the other hand the development of the Public Health Laboratory Service and the numerically improved medical staffing possible since the war, have enabled a more intensive search to be made for the positive case; there have also been other developments such as the increased use of laryngeal swabbing and gastric lavage, so that the level of ascertainment has risen. One concludes therefore that with the development of treatment by the use of new drugs like streptomycin and para-amino salicylic acid, and the widening use of surgery, a definite advance has been made. This is particularly reassuring at a time when delays in securing admission to hospital, and difficulties in housing give rise to continued apprehension.

The new notifications shew that trends observed in previous years continue. Tuberculosis has a different age incidence in each sex. It is increasingly becoming a disease of middle-aged and elderly men, 35% of male notifications being of patients over 45 years as compared with 6% of women: the ages between 15 to 34 years provided 55% of the male notifications and 75% of the female notifications. Under the age of 15, males have the better experience—10% of notifications as compared with 19% for the other sex. In this area therefore, a woman who escapes clinical tuberculosis before she attains her 35th birthday is unlikely to

develop the disease in later years, but the prospect for the male is much less attractive.

The mortality from the disease is also increasingly adverse to the male as compared with the female. During the years 1945-1948 inclusive, male deaths from pulmonary tuberculosis totalled 157 or 61.8% of the total mortality from this cause, but in 1949 there were 37 male deaths (74%) out of a total of 50.

There were three deaths from tuberculous meningitis, three less than last year. In each case the child was infected in his home.

K. aged 2 lived with his mother and sister in one room. His mother was subsequently found to be an open case, and his sister underwent Mantoux conversion while under observation. The mother was probably infected by her own mother who had defaulted from the clinic and who died in 1949. His uncle suffers from pulmonary tuberculosis, as does his aunt who married a sanatorium patient. There is evidence to suggest that his mother's uncle also suffers from this disease.

B. aged 16 months was a contact of his father an open case and

A. aged 4 was almost certainly infected by an aunt who defaulted for many years from the clinic and died in 1949.

The following table gives an analysis of the new cases notified during the year, and of the deaths which occurred during 1949.

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	1	—	—	—	—	—	—	—
1	4	12	4	1	1	—	1	1
5	6	7	1	2	—	—	—	—
15	21	33	2	2	1	3	—	—
25	23	24	—	6	5	2	—	—
35	15	18	—	—	3	4	—	—
45	11	4	1	2	7	1	—	—
55	17	—	—	1	10	1	—	—
65								
and up-wards	10	2	—	1	10	2	—	1
Totals	108	100	8	15	37	13	1	2

The number of cases of tuberculosis remaining on the notification register on December 31st, was as follows:—

	Pulmonary				Non-Pulmonary				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
1949	469	397	44	56	32	32	42	24	501	429	86	80	1096
1948	446	367	37	41	37	28	40	30	483	395	77	71	1026
1947	414	349	25	34	34	22	35	27	448	371	60	61	940
1946	377	306	20	23	34	15	38	30	411	321	58	53	843
1945	341	266	18	15	30	12	32	28	371	278	50	43	742
1944	259	236	11	8	23	12	24	22	282	248	35	30	595
1943	201	180	10	5	20	8	15	21	221	188	25	26	460
1942	175	144	5	2	18	6	9	13	193	150	14	15	372
1941	128	113	2	—	16	2	4	9	144	115	6	9	274
1940	104	100	1	—	9	2	—	5	113	102	1	5	221
1939	200	178	3	5	12	5	11	20	212	183	14	25	434

Note.—On the 31st December, 1938, the total number of cases on the register was 550, comprising 471 pulmonary cases (236 males, 235 females) and 79 non-pulmonary cases (40 males and 39 females).

TABLE SHOWING NOTIFICATIONS OF PULMONARY TUBERCULOSIS RECEIVED IN 1949, CLASSIFIED ACCORDING TO AGE GROUPS

Age Group	1941		1942		1943		1944		1945		1946		1947		1948		1949	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0-4	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—
5-9	—	—	—	—	1	1	1	—	—	1	—	—	1	2	2	3	4	1
10-14	1	—	3	2	2	1	1	3	6	3	5	6	5	12	11	5	6	—
15-19	10	14	22	23	17	12	26	25	31	38	29	42	26	31	15	19	21	3
20-24	20	18	18	7	6	17	15	25	35	32	34	35	26	26	31	28	23	2
25-29	18	9	16	7	14	8	22	14	25	16	27	21	24	16	21	30	15	1
30-34	12	3	13	7	9	6	16	10	24	5	23	4	20	12	12	6	11	—
35-39	6	4	10	1	10	4	13	3	23	5	12	3	18	3	9	6	17	—
40-44	—	—	1	5	4	3	14	4	9	12	5	8	4	6	4	3	10	—
Total	67	48	83	52	63	52	108	84	153	112	135	119	124	109	105	100	108	10

TABLE SHOWING PERCENTAGE OF NOTIFICATIONS OF
PULMONARY TUBERCULOSIS RECEIVED IN EACH
AGE GROUP

Age Group	MALES									FEMALES								
	1941	1942	1943	1944	1945	1946	1947	1948	1949	1941	1942	1943	1944	1945	1946	1947	1948	1949
0	—	—	—	—	—	—	—	—	0.9	—	—	—	—	—	—	0.9	—	—
1	—	—	1.6	0.9	—	—	0.8	1.9	3.7	—	—	1.9	—	0.9	—	1.8	3.1	—
5	1.5	3.6	3.2	0.9	3.9	3.7	4.0	10.5	5.6	—	3.7	1.9	3.6	2.7	5.0	11.0	5.0	—
15	14.9	26.5	26.9	24.1	20.2	21.5	21.0	14.3	19.4	29.1	44.4	23.1	29.8	33.9	35.3	28.5	19.3	—
25	29.8	21.7	9.5	13.9	22.9	25.2	21.0	29.5	21.3	37.5	13.5	32.7	29.8	28.5	29.4	23.9	28.2	—
35	26.8	19.3	22.2	20.4	16.4	20.0	19.4	20.0	13.9	18.7	13.5	15.4	16.6	14.3	17.7	14.7	30.1	—
45	18.0	15.7	14.3	14.8	15.7	17.0	16.1	11.4	10.2	6.3	13.5	11.5	11.9	4.5	3.4	11.0	6.0	—
55	9.0	12.0	15.9	12.1	15.0	8.9	14.5	8.6	15.7	8.4	1.9	7.7	3.6	4.5	2.5	2.7	6.0	—
65	—	1.2	6.4	12.9	5.9	3.7	3.2	3.8	9.3	—	9.5	5.8	4.7	10.7	6.7	5.5	3.0	—

Return shewing the work of the Dispensary during the year 1949 :—

	Pulmonary				Non-Pulmonary				Total				Grand Total	
	Adults		Children		Adults		Children		Adults		Children			
	M	F	M	F	M	F	M	F	M	F	M	F		
A.—NEW CASES examined during the year (excluding Contacts) :—														
(a) Definitely tuberculous	69	53	10	15	2	5	4	2	71	58	14	17	90	
(b) Non-tuberculous ..	—	—	—	—	—	—	—	—	458	488	50	30	166	
B.—CONTACTS examined during the year :—														
(a) Definitely tuberculous	2	5	7	9	—	—	1	1	2	5	8	10	5	
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	—	—	0	
(c) Non-tuberculous ..	—	—	—	—	—	—	—	—	153	263	120	101	77	
C.—CASES written off the Dispensary Register as :														
(a) Recovered	20	13	—	—	5	8	—	4	25	21	—	4	0	
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ..	—	—	—	—	1	—	—	—	1	—	—	—	1	
D.—NUMBER OF PERSONS on Dispensary Register on December 31st :—														
(a) Definitely tuberculous	469	397	44	56	32	32	42	24	501	429	86	80	166	

1. Number of persons on Dispensary Register on January 1st	1026
2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	72
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases "lost sight of"	72
4. Cases written off during the year as dead (all causes) ...	52
5. Number of visits by Tuberculosis Officer to homes (including personal consultations)	194
6. Number of "Recovered" cases restored to Dispensary Register and included in A(a) and A(b) above ...	16
7. Number of T.B. plus cases on Dispensary Register on 31st December	185

VENEREAL DISEASE

The courtesy of the hospital management committee enables the publication of the following analysis of the work undertaken at the V.D. Treatment Centre, and permits certain comparisons being made.

The figures do not shew the actual incidence of venereal disease occurring in residents of the Borough, for the centre serves a much wider area. Nevertheless, from a comparison of the annual returns certain inferences about changes and trends can be drawn.

SYPHILIS. Primary male syphilis patients declined from 17 to 6 and the number of female patients rose from 5 to 10 cases; the incidence of 1st year latent syphilis was unaltered; latent conditions of longer duration were reduced from 10 to 5 for men and remained unaltered for women. Only 2 infants under 1 year were treated for congenital disease—the same total as the previous year.

GONORRHOEA. New male patients totalled 36, 6 less than in 1948, but female patients increased from 16 to 31.

NON-VENEREAL CONDITIONS. The male figures were much the same as in 1948—173 compared with 160, but the total of women patients rose from 145 to 328.

To sum up, the incidence of venereal disease does not appear to have altered very markedly during the year under review, but women patients have shown a greater disposition to accept treatment, both for venereal and non-venereal conditions. The interest of the woman medical officer and the sympathetic personality of the clinic nurse have undoubtedly been important factors in attracting and retaining woman patients.

V.D. TREATMENT CENTRE

Year ending 31.12.49

Number of patients:	Syphilis		Gonorrhoea		Conditions other than venereal		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.
Under treatment on 1.1.49	121	111	39	18	30	32	190	161
Returned after cessation of attendance in previous years	2	1	1	—	8	2	11	3
Dealt with for first time, suffering from:								
(a) Syphilis, primary ...	6	10	—	—	—	—	6	10
(b) „ secondary...	3	5	—	—	—	—	3	5
(c) „ latent in 1st year of infection ...	—	4	—	—	—	—	—	4
(d) Syphilis, cardio-vascular ...	—	—	—	—	—	—	—	—
(e) „ of nervous system ...	—	—	—	—	—	—	—	—
(f) „ all other late or latent stages ...	5	5	—	—	—	—	5	5
(g) Syphilis, congenital (under 1 year) ...	—	2	—	—	—	—	—	2
(h) Syphilis, congenital (over 1 year) ...	2	4	—	—	—	—	2	4
(i) Gonorrhoea ...	—	—	36	31	—	—	36	31
(j) Chancroid ...	—	—	—	—	—	1	—	1
(k) Lymphogranuloma inguinale ...	—	—	—	—	—	—	—	—
(l) Granuloma venereum	—	—	—	—	—	—	—	—
(m) Any other conditions requiring treatment...	—	—	—	—	155	218	155	218
(n) Conditions not requiring treatment ...	—	—	—	—	5	110	5	110
(o) Conditions remaining undiagnosed at 31st December ...	—	—	—	—	—	—	—	—
Total under treatment during 1949	139	142	76	49	198	363	413	554
Discharged after completion of treatment and tests for cure	6	2	26	6	122	259	154	267
Ceased to attend before completion of treatment .	2	1	14	3	—	—	16	4
Ceased to attend after completion of treatment but before final tests for cure	8	—	—	—	—	—	8	—
Transferred to other Centres	5	2	6	—	10	—	21	2
Number under treatment on 31.12.49	133	140	31	40	66	103	230	283

Clinic attendances were:

			<i>Clinic Attendances</i>		<i>Intermediate Attendances</i>	
			M	F	M	F
Syphilis	...	...	920	1553	120	241
Gonorrhoea	...	...	276	93	—	—
Other Patients	...	...	1364	1260	74	6
Totals			2560	2906	194	247

The following are the civilian totals for previous years:—

New Patients suffering	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
From Syphilis	22	40	34	21	24	40	23	29	33	52	50	50	58	46
„ Gonorrhoea	88	107	127	83	61	78	82	73	60	112	110	71	58	67
„ Soft Chancre	4	1	—	—	—	—	—	—	—	—	—	—	—	—
Total Attendances	5991	8564	9768	9472	2846	3319	3345	5185	4387	4431	5840	4714	3667	5907

CANCER

The total number of deaths attributed to malignant disease was 343, the primary sites of the disease being as follows:—

	Male	Female
Skin	1	1
Lips, Cheek, Tongue, etc.	4	2
Larynx, Bronchus, Lung, Mediastinum	38	11
Oesophagus	2	4
Stomach	36	30
Cæcum, Colon	14	24
Rectum	17	9
Gall Bladder, Bile Ducts, Liver	2	6
Pancreas	7	8
Kidney, Suprarenal	1	2
Bladder, Urethra	6	4
Penis	2	—
Prostate	11	—
Ovary	—	11
Uterus	—	16
Vagina	—	1
Breast	1	33
Brain	3	5
Bone	2	5
Miscellaneous or Not Ascertained	13	11
	160	183

There were 11 deaths from malignant disease in persons under 35 years of age, as follows:

Male	...	6 years	...	Lymphadenoma
Male	...	6 months	...	Wilms's Tumour of Kidney
Male	...	22 years	...	Lymphadenoma
Male	...	6 years	...	Chondro-sarcoma of palate
Male	...	5 years	...	Lymphatic Leukaemia
Female	...	19 years	...	Myeloid Leukaemia
Female	...	19 months	...	Carcinoma Suprarenal
Female	...	2 years	...	Lymphatic Leukaemia
Female	...	25 years	...	Lymphatic Leukaemia
Female	...	34 years	...	Carcinoma Stomach
Female	...	31 years	...	Glioma of Brain

PUBLIC HEALTH (AIRCRAFT) REGULATIONS, 1948

The arrangements for the operation of the Health Control at South end Airport were described in last year's report and remained unchanged. No special difficulty or occurrence of infectious disease was encountered during the year.

The following table shows the number of "Customs" movements of aircraft and passengers during 1949

		<i>Passengers</i>		<i>Aircraft</i>	
		<i>Arr.</i>	<i>Dep.</i>	<i>Arr.</i>	<i>Dep.</i>
January	...	21	18	13	14
February	...	58	71	30	21
March	...	89	77	37	30
April	...	75	116	46	41
May	...	102	100	34	43
June	...	219	234	72	74
July	...	221	263	104	95
August	...	236	139	93	84
September	...	105	65	46	42
October	...	75	55	43	39
November	...	23	25	28	27
December	...	16	19	24	20
		1240	1182	570	530
		2422		1100	

The volume of traffic, and hence, the number of persons passing through the Health Control, has increased considerably this year, and in particular there has been an increase in passengers arriving from more distant countries in Africa and Asia, where the "Convention Diseases"—Smallpox, Plague, Typhus, Cholera, and Yellow Fever—are liable to be found.

At the end of the year the new buildings to house the administrative offices were approaching completion and expected to be ready for occupation early in the new year. This will provide adequate space for the normal operation of the Health Control as well as accommodation for the medical officer and a separate room for the isolation of persons suspected to be infectious.

LOCAL GOVERNMENT SUPERANNUATION ACT, 1937, AND SICK PAY REGULATIONS

The following Table shows the number of medical examinations carried out during 1949 for the various Departments of the Corporation.

Education	...	...	...	...	...	166
Transport	...	...	...	...	...	84
Borough Engineer's	...	...	...	...	...	49
Town Clerk's	...	...	...	...	...	30
Public Health	...	...	...	...	...	26
Pier and Foreshore	...	...	...	...	...	18
Municipal Airport	...	...	...	...	...	16
Parks	...	...	...	...	...	13
Borough Treasurer's	...	...	...	...	...	15
Housing	...	...	...	...	...	11
Cleansing	...	...	...	...	...	8
Libraries	...	...	...	...	...	7
Fire Brigade	...	...	...	...	...	5
Police	...	...	...	...	...	4
Entertainments	...	...	...	...	...	4
Children Officer's	...	...	...	...	...	4
Cemeteries	...	...	...	...	...	2
Justices' Clerk's	...	...	...	...	...	4
Probation Officers'	...	...	...	...	...	1
Borough Collector's	...	...	...	...	...	1
						468

In addition 231 Sick Pay Regulation cases were dealt with by enquiry and report, without medical examination.

NATIONAL HEALTH SERVICE ACT, 1946, PART II. GENERAL MEDICAL AND DENTAL SERVICES PHARMACEUTICAL SERVICES AND SUPPLEMENTARY OPHTHALMIC SERVICES.

The local health authority as such has no concern with these services, which are administered by the Local Executive Council, upon which there are a number of Local Authority members. Nevertheless, some account of the work of the Local Executive Council is necessary in any report of this kind. Furthermore, as there is at present no printed report of the Executive Council, it is desirable that certain facts and figures be placed conveniently and permanently on record.

The Chairman of the Local Executive Council, H. H. Burrows, Esq., J.P., has kindly given permission for the reproduction of his report, which is set out below. The scope of the Council's work and its aggregate expenditure will no doubt come as a surprise to many people.

"Ladies and Gentlemen,

Following a year of preliminary work by the Insurance Committee and staff conjointly with the Executive Council, the 5th July, 1948, saw the launching of the Health Service Scheme, and it now seems appropriate to review in retrospect that which has been accomplished in this area during the following twelve months.

It may be interesting to recall that under the National Health Insurance Act, the insured population of the County Borough at 4th July, 1948, was shewn in the records as 59,000, and of this figure 54,000 persons were on Doctors' lists. On 31st December, 1948, the number had increased to 137,196 out of an estimated population of 148,000. By the 30th June, 1949, a further increase to 140,930 is noted, out of the estimated total population at that date of 148,400, as supplied by the Registrar General. The majority of the 86,000 new acceptances received from Doctors were dealt with during the first three months of the year necessitating the employment of a temporary staff, the efficiency of which can be judged by the fact that under the direct supervision of a supervisor, and with the assistance of those members of the permanent index register staff who could be spared only at odd times, the task was satisfactorily completed to time. It should not be overlooked that in addition to this, much other preparatory index register work was being undertaken, as well as checking for duplication, compiling medical record envelopes for dispatch to the respective doctors, etc., and the packing and issuing of innumerable parcels of forms to members of the various professions.

The institution of the Ophthalmic Services Committee arrangements and the recruitment and training of staff, made necessary by the avalanche of claimants to benefits under this heading, which was experienced during the major portion of the year, was carried out with expedition. Much work fell on the shoulders of members of that Committee under the able chairmanship of Mrs. Alderman M. Broom; in point of fact it was found necessary to appoint a Sub-Committee to meet at frequent intervals to adjudicate on claims for replacement or repair of spectacles alone.

Dental Service arrangements, with the co-operation of the profession, made rapid progress in dealing with an immediate rush of patients needing treatment. This section of the Service proved to be comparable with the Ophthalmic Service in its appeal to the general public, consequently making ever increasing demands upon the profession, and soon became apparent that appointment books were filling up, with the result that waiting periods lengthened. It is to be hoped that the peak has now been reached, and that we shall see a diminution of the pressure placed upon this profession, and a consequent lessening of the delay to the public.

The Finance and General Purposes Committee has also been called upon to put in a great deal of work during the period under review.

I should also like to place on record my appreciation of the co-operation of all concerned in bringing to fruition a service of such magnitude.

In conclusion, I am asking the Clerk to include the following statistics for your information:

1st February, 1950.

H. H. BURROWS.
Chairman."

STATISTICAL DATA. GENERAL MEDICAL SERVICE

	5/7/48	30/6/49
Number of principal Practitioners included in the Medical List.	75	75
Number of persons included in Doctors' Lists.	*126,178	140,390
Number of persons registered as temporary residents during the year		3,398
Total gross payments to Practitioners for General Medical Service.	£119,502	0. 0.
Total gross payments to Practitioners for Maternity Medical Service.	£ 3,225	16. 6.
Total gross payments to Practitioners for Mileage.	£ 372	0. 0.
Total gross payments to Practitioners for Drugs.	£ 142	5. 3.

*This number includes all acceptances by Doctors up to 30/8/48.

DENTAL SERVICE

Number of Dentists included in the List. ...	37	37
Total gross payments to Dentists for the year.	£150,204	18. 5.

SUPPLEMENTARY OPHTHALMIC SERVICES

Number of Opticians included in the List. ...	22	23
Number of Ophthalmic Surgeons included in the List.	3	4
Number of Dispensing Opticians included in the List.	2	2
Number of Sight Tests authorised during the year ended 30/6/49		36,565
Total amount paid to the Profession, and refunds to patients	£95,605	4. 4.

PHARMACEUTICAL SERVICE

Number of Chemists included in the List. ...	48	47
Number of Chemists' establishments. ...	55	55
Number of contractors for the supply of appliances included in the List.	11	23
Total amount paid to the Profession. ...	£95,073	15. 6.
Total expenditure on the various services. ...	£464,126	0. 0.

ADMINISTRATION

	5/7/48	30/6/49
Number of permanent staff employed. ...	11	17
Number of temporary staff employed. ...	12	—
Number of part-time staff employed.	1	1

ADMINISTRATION ACCOUNTS

	£	s.	d.
Total gross salaries and overtime payments for the year ended 30/6/49.	6,354	5.	4
Insurance Contributions, Employer's share. ...	201	10.	11
Rent, rates, lighting and cleaning.	396	16.	6
Stationery and printing.	559	5.	6
Postage and telephones.	1,056	1.	3
Office adaptations.	23	18.	0
Office equipment.	99	1.	2
Advertising expenses.	2	17.	6
Incidentals.	22	15.	0
	£8716	11.	2

CHILDREN ACT, 1948.

The Children's Officer, Miss Doris L. Ridd, B.Sc., joined the department on January 3rd. As the offices which had been assigned to her following the transfer of the Tuberculosis Dispensary to Lancaster House were still in the process of adaptation, she had temporarily to work from the top floor of 20 Warrior Square, a most inconvenient arrangement, the only advantage of which was to allow her to make the acquaintance of the child guidance clinic staff, to whom she soon came to look for assistance in dealing with some of the children "in care."

In the spring, however, she moved into the suite of two offices which had been prepared for her in the building to which the health visitors had but recently been transferred. This enabled her to get to know them all, and to make use of their knowledge of the children and their foster-parents, gained in the past when they had supervised them.

Miss Ridd's immediate task was to study the children who were then "in care," to satisfy herself about the suitability of placements with foster-parents, and to board-out those children in the Committee's Institutions who could, with advantage, be sent in to private families. She had, of course, to find foster-homes, many offers of which were received as a result of her talks to women's organisations in the Borough.

The majority of the placements have turned out very well, the children finding permanent and secure homes for as long as they remain "in care" by the local authority. This success has been due in large part to the opportunities which the children have had of getting to know their foster-parents through tea-parties, week-ends and holidays, before the final step of boarding out has been taken.

It has been Miss Ridd's practice to take the child and his foster-parents to purchase the initial clothing outfit, toys and personal possessions which accompany him to his new home. This has been a source of intense interest and satisfaction to children who have hitherto received these things in an impersonal way by issue from an institution store.

It has been possible to board-out brothers and sisters of one family in the same foster-home, and thus to preserve the close family ties so easily broken in a large residential home.

Seaview Homes

The Children's Officer's talks to women's organisations have also led to a number of women and men offering to become "aunts and uncles" to some of the children, thus providing the personal contacts in the outside world so essential to the full emotional development of children who live in residential homes.

Through the interest of these "aunts and uncles" many children now receive parcels and cards at birthdays and Christmas time. They also have the opportunity of going out to tea and staying for week-ends. In all, 15 children received invitations to spend their holidays in private homes, and those who did not were taken during the school holidays on various outings, including one to the London Zoological Gardens and another to the London Docks.

Dr. Paterson, Assistant Medical Officer, who has been in medical charge of the Homes, reports that the general health of the children was good throughout the year. During June and July there was an outbreak of measles when 10 children were ill. There was one case of mumps; four children attended the Chest Clinic for observation, and three, the out-patient department of the Southend General Hospital.

Connaught House Nursery.

This accommodates infants up to the age of three, and is under the medical supervision of Dr. Cieman, Medical Superintendent of Rochford General Hospital, which adjoins it. The health of the infants and toddlers has been good and the Nursery presented no particular problems, save that of securing adequate staff.

Children Boarded Out at 31.12.49	...	...	...	44
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Seaview Homes

Admissions during 1949	...	...	...	135
Discharges during 1949	...	...	...	65
Number of children at 31.12.49	...	...	...	70
Disposal—To parents or relatives	...	...	...	53
„ Boarded Out	...	...	...	11
„ Other Homes	...	...	...	1

Connaught House Nursery

Admissions during 1949	...	...	...	93
Discharges during 1949	...	...	...	68
Number of children at 31.12.49	...	...	...	25
Disposal—To parents or relatives	...	...	...	52
„ Boarded Out	...	...	...	9
„ Adopters	...	...	...	3
„ Seaview Homes	...	...	...	4

Children committed to care of the Local Authority under the Children and Young Persons Act

...	...	...	7
-----	-----	-----	---

Number of children in Approved Schools at 31.12.49 *Children supervised under the Child Life Protection provisions of the Public Health Act, 1936 (at 31.12.49) and Section 7 of the Adoption Act, 1939.*

(a) under the 1936 Act			
(1) in private homes	...	...	67
(2) in independent schools	...	...	167
(b) under Section 7 of the 1939 Act	...	...	45

NATIONAL ASSISTANCE ACT

PART III—ACCOMMODATION

The Authority has the duty of providing *residential* accommodation for those who, by reason of age, infirmity, or any other circumstances, are in need of care and attention which is not otherwise available to them, and *temporary* accommodation for persons who are in urgent need, arising in circumstances which could not reasonably have been foreseen.

Residential accommodation is provided in voluntary and certain specialised homes in addition to Connaught House, Rochford. Some statistical details are given below, but the following general comment may be of interest.

The residential services have been under sustained and considerable pressure, which from time to time has caused much anxiety. For various reasons this is likely to continue. The gradual increase in the number of old people goes on; the housing difficulties of the present day, the opportunities for full employment, and a growing tendency to demand the transfer of personal responsibility to the Welfare State, all tend to increase the demand for residential accommodation. The local shortage of hospital beds for the chronic sick has made difficulties, and we have had, perforce, to accept persons in Connaught House who should properly have been admitted to the hospital in the first place.

It is not too much to say that the Hospital Management Committee and the Health Committee alike, have only been able satisfactorily to discharge their obligations because there has been close co-operation between Dr. Cieman, Medical Superintendent of the General Hospital Rochford, and those administering Connaught House; this opportunity of acknowledging Dr. Cieman's great assistance is welcomed.

We have been enabled to make the best use of our available accommodation because our resources allow of proper investigation and classification. In this respect the health visitors have played an essential and indispensable role. They have, moreover, displayed an interest and keenness for the work, which one had not looked for in persons whose interests have been predominantly with the expectant mother, the infant and the child.

It is not only the aged and infirm who have been a problem. The homeless family has also given us great concern.

In a few instances shiftlessness, improvidence and obvious intention to avoid paying rent as long as possible makes eviction not only inevitable, but almost necessary if the contract between landlord and tenant is to be recognised. In their extremity a number of these families have applied to the Department for help.

But many people find themselves in difficulties which are not of their making; flaws are found in their tenancies, or they are displaced because other people can show a greater need. The families with young children often cannot afford the high rents asked for furnished accommodation, and are hardly ever welcome in unfurnished rooms. When these families become homeless their plight can be pitiable; nor is the

solution to their difficulties easy. The most spartan quarters which a local authority could offer might well be preferable to that which is now occupied by many families, and the provision by the community of accommodation for these people could create a demand which would overwhelm any feasible administrative arrangements.

Where, therefore, families have become homeless, and the authority has been obliged to intervene, it has been the practice to take the children "into care" under the Children Act, and to offer their parents accommodation under the National Assistance Act, Part III. This action has regrettably, had the effect of creating "deprived children" and of discouraging the resumption of family responsibilities; but on the whole it has been accepted as the less undesirable of the alternatives.

The gravely handicapped are, generally speaking, not well provided for. For those suffering from some disabilities, chiefly blindness, a good deal of accommodation in voluntary homes is available, but other handicapped persons are less fortunate. The deaf, and those who are crippled or disabled are hard to place; the accommodation available for epileptics, except those suffering from the graver forms of this condition, is inadequate, as is also that which can be obtained for the severely handicapped and the disabled.

Above all, the young adult suffering from severe crippling, particularly that which results from poliomyelitis and grave muscular dystrophies, as well as his fellow-unfortunate who lacks adequate bowel and bladder control, presents a problem to the solution of which no agency has yet made any substantial contribution.

The following table shows the extent to which accommodation was provided during the year pursuant to Part III of the Act:—

Persons maintained by Local Authority in Part III.
Accommodation during 1949.

Accommodation provided in	Resident on 1.1.49		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.49	
	M	F	M	F	M	F	M	F	M	F
HOMES OF LOCAL AUTHORITY : Connaught House, Rochford	75	147	88	153	80	142	6	8	77	150
HOMES OF OTHER LOCAL AUTHORITIES :										
Essex County Council ...	—	1	—	1	—	—	—	—	—	2
London County Council	1	2	—	1	—	—	—	1	1	2
Middlesex County Council	—	1	—	—	—	—	—	—	—	1
Kent County Council	—	—	—	1	—	—	—	—	—	1
Norfolk County Council	—	6	—	—	—	—	—	—	—	6
Huntingdon County Council	1	11	—	—	—	—	—	—	1	11
Surrey County Council...	—	4	1	—	—	—	—	1	1	3
East Ham County Borough Council ...	—	1	1	—	—	—	—	—	1	1
HOMES FOR MENTAL DEFECTIVES :										
Royal Eastern Counties Institution ...	1	—	—	—	—	—	—	—	1	—
HOMES FOR EPILEPTICS :	—	3	—	—	—	—	—	—	—	3
HOMES AND HOSTELS FOR THE BLIND :	3	12	1	—	1	—	—	1	3	11
MENTAL AFTER CARE HOMES :	1	7	—	—	—	3	—	—	1	4
VOLUNTARY HOMES UNDER SECTION 26 :										
Sandringham	—	—	5	15	—	—	—	—	5	15
Dowsettholme	—	—	1	3	1	—	—	—	—	3
St. Martin's	—	—	—	13	—	1	—	—	—	12
Resthaven	—	—	—	1	—	—	—	1	—	—
Methodist Home for the aged	—	—	—	1	—	—	—	—	—	1
Old Peoples Home, Reigate	—	1	—	—	—	—	—	—	—	1
TOTALS :	82	196	97	189	82	146	6	12	91	227

Under the User Agreement with the Essex County Council the following County residents were provided with accommodation in Connaught House during the year :—

	Resident on 1.1.49		Admitted during year		Discharged during year		Died during year		Remaining on 31.12.49	
	M	F	M	F	M	F	M	F	M	F
	32	41	33	29	32	25	2	3	31	42

WELFARE PROVISIONS

Blind

During the year the Council's scheme, made under Section 29 of the National Assistance Act, 1948, received the approval of the Minister of Health. In general, it followed closely the model scheme issued by the Ministry for the guidance of local authorities. It provided for the discharge of the Council's functions either directly or by arrangement with local authorities or registered voluntary Associations, for the medical examination, at the expense of the Council, of all applicants for registration as blind persons, and for the regulation of admission to the Register of Blind Persons.

The scheme provided for the continued employment of a Home Teacher, setting out in detail the method of recruitment, duties, qualifications and remuneration. It contained powers for employment of blind persons, both in workshops and at home, to assist in the marketing of the produce of blind persons, and for the provision of hostels and assistance in obtaining employment in open industry. ,

The Council proposed to continue to promote the general social welfare of blind persons by the provision of all necessary services, either directly or by arrangement with registered voluntary Associations, and to secure the provision, under suitable enactments, of training for blind persons who are capable of deriving benefit therefrom.

As regards the welfare of partially-sighted persons, provision was made for their registration and for extending to them the welfare services to be provided for blind persons.

Most of the matters covered in this scheme had already been dealt with prior to 1948 under the Blind Persons Act. The Council, believing that the best results are to be obtained from a judicious combination of statutory and voluntary effort, being desirous of stimulating and encouraging the latter, and of securing to blind persons an effective part in voluntary effort, gave preliminary consideration to the reorganisation of voluntary work for the blind, and the future of Southend-on-Sea Blind Persons (Voluntary Visitors) Fund. The principles evolved and their application, properly fall to be described in the report of next year.

Register of the Blind, 1949

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Number on Register on 1/1/49	108	139	247
Left Borough during the year	1	5	6
Died " " "	8	21	29
Untraced " " "	1	—	1
Transfers in from other areas ...	4	4	8
Newly registered during the year	11	29	40
On Register on 31/12/49 ...	113	146	259

On 31/12/49 20 blind persons were being provided with accommodation under Part III of the National Assistance Act, 13 (2M. 11F.) in homes for the blind and 7 (2M. 5F.) in other institutions.

Work of the Home Teacher

The Home Teacher to the Blind made a total of 969 visits to blind persons in their homes, during which 69 lessons in embossed type and 34 handicraft lessons were given.

The weekly handicraft class enjoyed a very successful year. Twenty-five blind persons were attending at the end of the year to receive instruction in various handicrafts including chair caning, weaving, netting, string bag making, etc. An exhibition of handicraft work by blind persons was held in Chelmsford during the year and it is very pleasing to record that the work submitted from our handicraft class obtained nine prizes including three "firsts," which reflects great credit upon the work of the Home Teacher and the members of the class.

Home Workers

The arrangements with the Royal London Society for teaching and training the blind were continued and at the end of the year one approved Home Worker engaged in basket making was in receipt of augmentation of wages.

Periodicals

Twelve English and two American periodicals in Braille and Moon type were made available free of charge to local blind readers during the year.

Use of Deck Chairs on the promenade and cliffs

The Council's Entertainments Committee very kindly continued the facilities afforded to blind persons to use free of charge deck chairs on the promenade and cliffs. 168 blind people were issued with passes for this purpose.

Transport facilities

The issue of free passes to enable blind persons to use the Corporation's buses free of charge is a great boon to blind persons and is very much appreciated by them. The Corporation's Transport Committee issued 214 such passes during the year.

Wireless

During the year ten new wireless sets were received from the British "Wireless for the Blind Fund" to meet the needs of newly registered blind persons and enabled some obsolete sets to be replaced.

Members of the local Radio Society continued to render valuable assistance in repairing and maintaining wireless sets installed in the homes of blind persons.

Southend-on-Sea Social Circle for the Blind

The Blind Men's Forum referred to in last year's Annual Report changed its name to the Southend Social Circle for the Blind and continued to meet weekly during the year. Mr. W. C. Merry, the Hon. Secretary and Treasurer, has devoted a good deal of effort to this project and is to be congratulated on the excellent results obtained. In addition to the weekly meetings, the Circle arranged a number of outings to the Pier and Bandstand and also a half day's outing to Maldon.

Entertainments

The Social Committee of Round Table No. 106 continued and extended their interest in the blind population by arranging social evenings during the winter months and car outings in members' private cars during the summer months. The Milton Lodge of the Ancient Order of Druids also again entertained a large party of blind persons and their guides at a social evening. Not only did these organisations bear the whole cost of the functions they provided, but, in addition, provided car transport to and from their homes for the blind persons. This facility was very much appreciated and enabled many people to participate in the functions who could not otherwise have done so.

The interest shown in our blind people by these organisations is very much appreciated both by the Committee and the blind population and it is hoped that they will take an active part in the formation of a new voluntary blind welfare organisation, which was under discussion at the end of the year.

SECTION 47

It was necessary to institute proceedings under this section in one instance. Complaint was made about the condition of a room occupied by a woman aged 74 years. Your Medical Officer of Health and Chief Sanitary Inspector found the room in a filthy condition, pervaded by a most objectionable smell. A total of 123 milk bottles, containing urine, was found, and in the bed there were a large number of small parcels, margarine, butter and other food. There was a large heap of screwed-up pieces of paper, which contained faeces. Under the wash-hand stand there were six small saucepans, one of which contained some putrifying food and a large number of maggots. There was a heavy flea infestation.

The Court made the Order applied for, and Miss A, the respondent was admitted to Connaught House, where she quickly settled down, so that when the Order expired she was quite willing to remain there and no further proceedings were necessary.

SECTION 50

During the year 15 cases were ascertained by the Department to come within provisions of the section and funeral arrangements were made by the Cemeteries Registrar's Department at the expense of the Health Committee.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1949

WELFARE AND SPECIAL SERVICES SUB-COMMITTEE OF THE EDUCATION COMMITTEE

Chairman:

Alderman Mrs. C. Leyland, M.B.E.

Vice-Chairman:

Councillor E. A. Clarke.

Ex-Officio:

Chairman of Education Committee:

Councillor P. B. Renshaw, I.S.O.

Vice-Chairman of Education Committee:

Councillor E. N. Selby, J.P., F.A.I.

Chairman of Maternity & Child Welfare Committee:

Alderman Mrs. M. Broom.

Councillor A. Crush.

Councillor Mrs. W. M. H. Dalwood.

Councillor A. E. Hill, J.P.

Mr. C. W. Beale, J.P.

Mr. E. G. Bowyer.

Miss E. O. Dowsett.

Reverend P. C. Lee.

Dr. W. I. Moore.

Miss M. E. Reay, C.B.E., J.P.

Mrs. S. S. Sylvester.

STAFF OF THE SCHOOL HEALTH SERVICE

A. WHOLE-TIME OFFICERS

School Medical Officer:

J. Stevenson Logan, M.B., Ch.B., D.P.H.

Deputy School Medical Officer:

J. Conway Preston, M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officers:

John Greenhalgh, M.B., B.S., M.R.C.S., L.R.C.P., D.A.

Gladys Lilian Neill, M.B., B.S., M.R.C.S., L.R.C.P., resigned
8 March.

Dorothy Kirby Paterson, M.B., B.S., M.R.C.S., L.R.C.P.
D.P.H., appointed 8 March.

Senior School Dental Surgeon:

Edgar C. Austen, L.D.S.

Assistant School Dental Surgeon:

Alexander T. Craig, L.D.S., resigned 28.3.49.

Superintendent Health Visitor:

Miss Edith Roberts, appointed 31.1.49.

Health Visitors who also act as School Nurses:

Miss K. M. Burnett.

Miss M. Butcher.

Miss M. N. Withams.

Miss D. E. Stevens.

Miss G. M. John.

Miss A. M. Turret.

Miss F. L. Blackburn.

Miss M. K. Lock.

Miss P. Barritt, resigned 12.3.49.

Miss G. M. Willcocks.

Miss H. A. Gracey, resigned 30.12.49.

Miss B. M. James.

Mrs. J. M. Fairfax, appointed 1.1.49.

Mrs. U. McGrath, appointed 4.7.49.

School Clinic Nurse:

Miss D. L. Willis.

Psychiatric Social Worker:

Miss D. L. Freeman-Browne.

School Clinic Attendant:

Miss L. Marshall, resumed duties 1.3.49; resigned 31.12.49

Dental Attendants:

Miss I. J. Sinclair.

Miss D. Fill.

Clerks:

Miss A. M. Roberts.

Mrs. D. Aldred.

Miss B. P. Law.

Miss J. Wheeler, on extended leave.

Miss E. Hodgson, resigned 21.8.49.

Mrs. D. L. Stobbs, appointed temporarily 12.9.49.

PART-TIME OFFICERS*Psychiatrist:*

H. Bevan Jones, M.R.C.S., L.R.C.P.

Speech Therapist:

Mrs. R. W. Jenkins, L.C.S.T., resigned 2.6.49.

STAFF

Dr. Gladys Neill resigned in March and was succeeded as assistant school medical officer by Dr. Dorothy Paterson.

As a result of the National Health Service Act, 1948, Dr. Bevan Jones, our child psychiatrist, became the only part-time specialist medical officer regularly employed by the Education Authority.

The assistant school dental surgeon, Mr. A. T. Craig, resigned in March and it proved to be impossible to engage a successor. This unhappy consequence of the difference between the remuneration available to dental surgeons under the National Health Service and those employed in the School Health Service has been experienced by many education authorities, and attention has been drawn in Parliament to its disastrous results. Since 1934 the establishment of school dental officers has been two, but it had been proposed to employ an additional dental officer when the surgery at the Burnham Road Clinic was completed, and the need for still further expansion in the future was recognised. The difficulty confronting Mr. E. C. Austen, the senior dental officer, in maintaining the dental service single-handed can be judged from the following extract from a communication received from the Ministry of Education in March, following an inspection of the school dental service by one of the Ministry's medical officers.

"The present staff of two dental officers is quite insufficient for the school population of nearly 17,000. Even on the minimum standard recommended before the war the equivalent of three and a half whole-time officers would have been required, and the present high rate of acceptance of treatment, together with the greater proportion of secondary school children and the demand for orthodontic treatment make a staff of at least four dental officers necessary for school purposes. The needs of mothers and pre-school children are, of course, in addition."

At the end of the year the number of children on the school rolls was 17,986 and it is pertinent to compare the above quoted estimate of the needs of the school dental service with the present establishment of medical officers, administrative and clinical, which is the equivalent of two and a quarter whole-time officers. At the present time there are difficulties both of premises and of recruitment, but it is apparent that the needs of the service cannot be adequately met for much longer without additional medical staff.

The Child Guidance Clinic was without an educational psychologist throughout the year and this occasioned a considerable additional burden on the medical officers and the psychiatric social worker.

Miss Edith Roberts was appointed in January to the newly created post of superintendent health visitor.

The establishment of health visitors and school nurses was increased to thirteen by the appointment in January of Mrs. Fairfax. Following the resignation of Miss Barritt in March, Mrs. McGrath was appointed in July. Miss Gracey resigned in December, leaving one vacancy in the establishment at the end of the year.

The speech therapist, Mrs. Jenkins, resigned in June and the speech Clinic was in abeyance for the remainder of the year.

The temporary appointment of Miss W. England as school clinic attendant terminated in March with the return of Miss L. Marshall who had been granted leave of absence to undertake general nursing training. Miss Marshall resigned on the 31st December to undertake further training.

Miss B. P. Law who was already on the staff of the Public Health Department was assigned to duties in the school health section, and Mrs. D. L. Stobbs was appointed temporarily in September in the place of Miss E. Hodgson who resigned in August.

SCHOOL MEDICAL AND DENTAL INSPECTIONS

With two medical officers available throughout the year 5,675 routine inspections were performed, which is the highest total since the war and nearly 1,300 more than last year.

The difficulty of obtaining accommodation in the schools in order to carry out medical inspections became even more acute and this year no less than eight requests for the postponement of medical inspection because there was no room which could be made available were received. This is only part of the difficulty created by overcrowding in the schools, since, as was mentioned in the report for 1947, in many other cases only one room which has to serve for parents' waiting room, sight testing, undressing, and medical consultation can be made available.

The general condition of the children as found at routine medical inspection showed no significant alteration not accountable to the variation of assessment by different examiners.

Reference was made last year to an increase in the cases of defective vision seen at special inspections. The total number of children with this defect was almost the same this year (1817 compared with 1823) though more of them were seen at routine inspections and fewer at special inspections. The only other notable difference in the return of defects found was an increase in minor orthopaedic defects, posture and flat foot. As it is limited to children routinely inspected and referred for observation, the increase is possibly due to the personal factors inseparable from such assessments.

Among special inspections the examination of children prior to joining camps and organised holiday tours continues to be a prominent feature of the early weeks of the summer vacation, and 252 children were examined for this purpose.

The difficulty of maintaining the school dental service, to which reference is made elsewhere in this report, is reflected in a further decline in the number of children who underwent routine dental inspection in schools.

PROVISION OF MILK AND MEALS

There were no major changes during the year with the exception of the opening of the kitchen-dining centre at Prince Avenue School

and the closure in September of that at Hinguar Street, Shoeburyness the output of which at that time was not considered to justify its retention.

Nineteen schools were supplied with meals cooked on the premises and the remainder received meals in heated containers from the five central kitchens.

Four meal centres remained open during the school holidays.

The average percentage of children taking school meals was 59.6% for Primary Schools and 62.9% for Secondary Schools.

There was no reported occurrence of food poisoning attributed to school meals during the year.

The arrangements for the supply of milk remained unaltered and no special difficulties were encountered.

ARRANGEMENTS FOR TREATMENT

1. *General*

The alterations in procedure consequent upon the National Health Service Act were referred to in last year's report. Early judgment indicated that at least in the beginning the changes would affect the School Health Service less than might have been expected, and this has been borne out. This is not to say that further changes will not occur which will seriously modify existing arrangements. The arrangements for obtaining specialist advice and treatment have worked satisfactorily and there is close collaboration between the Hospital Management Committee and the Local Education Authority, to their mutual advantage. The Eye Clinic continues to be held on the authority's premises although the ophthalmic surgeon is remunerated by the Regional Hospital Board. Similar arrangements are contemplated for the Orthoptic Clinic which the Management Committee hope to establish during the coming year.

The psychiatrist is still employed directly by the Education Authority but it is expected that the Regional Hospital Board will shortly assume responsibility for his services, although the other members of the Child Guidance Clinic staff, and the premises, will continue to be provided by the local authority.

In general the arrangements for treatment are comprehensive although, as will be seen in the following sections of this report, there are at the present time special difficulties, owing to staff shortages in the dental, child guidance, and speech therapy departments.

MALNUTRITION

The arrangements for the supply of free milk and meals on medical recommendation or on evidence of economic need remained unaltered. Of the daily average number of children taking school meals, some 15% in the Primary Schools and 12% in the Secondary Schools receive them free of charge.

Cod Liver Oil and Malt and Parrish's food are available free of cost on medical recommendation.

MINOR AILMENTS

The inspection clinic and minor ailment treatment centre at the Municipal Health Centre was open daily throughout the year.

The clinics at Burnham Road, Leigh, and at the Council Offices, Hoebury, were held once weekly throughout the year, being combined with diphtheria immunisation clinics. The additional clinic at Eastwood High School was again held once weekly during term-time only.

After a slight increase last year, the number of attendances at the inspection clinic again fell off, being 6,414 compared with 7,891 last year and 9,869 in 1946, the peak year. The decline this year may be attributable in part to the effect of the National Health Service Act. Now that the initial overcrowding of doctor's surgeries has shown signs of abating, more parents no doubt prefer to seek the advice of their family physician, a resolution in which they are confirmed by the inability of the school medical officer to prescribe free medicaments under the Act. The decline in attendances prior to the National Health Service Act, in so far as it is not accounted for by natural variation in the incidence of sickness, is probably due to a variety of causes among which may be mentioned the greater efficiency of present methods of treatment in shortening the period of invalidity, the progressive decline of diseases such as scabies and impetigo since the war years, and, not least, the successful efforts of the school attendance officers to prevent unnecessary clinic attendances.

Attendances at the minor ailment treatment centre, after a big increase last year, fell from 6,087 to 4,954, a figure which is still slightly above the average for recent years.

Among the conditions treated at the minor ailment treatment centre it is interesting to note that while 89 cases of impetigo were dealt with, compared with 182 last year, "other skin diseases" increased from 82 to 465. The explanation probably lies in the variation in the number of children referred by the medical officer for treatment at the clinic rather than in an alteration of the incidence of the common skin diseases.

UNCLEANLINESS AND VERMINOUS CONDITIONS

Treatment facilities for scabies and verminous conditions are freely available at the Municipal Health Centre.

The incidence of scabies continues to diminish and is at present so slight as not to merit separate mention.

The reduction in the incidence of verminous infestation reached a new low level with 358 cases, compared with 507 last year, although the number of examinations carried out in routine cleanliness surveys again increased, from 39,208 to 40,286.

The procedure for the exclusion of children found to be verminous, which was described in the report for 1946, continued to work satisfactorily. It was not necessary to resort to legal proceedings or compulsory cleansing during the year.

CONVALESCENT TREATMENT

As described in last year's report, the Education Committee decided to exercise its powers to provide convalescent treatment in appropriate cases under the Education Act, instead of relinquishing this duty to the Local Health Authority as part of its National Health Service Act functions.

This is of importance to parents because the Local Health Authority is under the obligation of recovering part or the whole of the cost in accordance with the parent's means, whereas if provided under the Education Act convalescent treatment is free.

During the year 3 school children were provided with convalescent treatment.

SPECIAL CLINICS

(a) DENTAL CLINIC. Mr. E. C. Austen, Senior School Dental Surgeon, reports:—

"Owing to difficulties of recruitment no further progress was made in establishing the new dental clinic at Burnham Road, Leigh.

"The departure of Mr. Craig at the end of March made necessary a drastic re-organisation of the work of the Department to ensure the best use of my time."

The Committee were regretfully compelled to inform the Health Committee that save in exceptional cases, no further work could be undertaken for expectant mothers and pre-school children. The orthodontic programme had to be severely restricted. Routine inspection was curtailed as suggested in Ministry of Education Circular No. 152 issued to deal with the situation created by the war emergency in August 1940.

Children were seeking treatment without appointment at the rate of some 14 per day, and as much of this work involved emergency treatment for the relief of pain and the treatment of sepsis, it had necessarily to be given priority over routine work, so that in many cases the latter could only be partially completed.

Arrangements were made for a medical officer to attend for the administration of general anaesthetics on two complete sessions each week and for the first hour or so of most morning sessions in order to deal with emergencies. This was only made possible by a reorganisation of the medical officers' time table consequent upon their having ceased to undertake, as part of their official duties, work in the Venereal Diseases Treatment Centre on behalf of the Hospital Management Committee.

As this situation did not arise until the first quarter of the year had been completed, its full effect is not revealed in the statistics for the year. Comparison with 1948 when two dental surgeons were available for the whole year, shows that, in round figures, 1,500 fewer children were routinely inspected, although 200 more were seen as "specials". Although only 589 sessions were available for treatment compared with 948, the total number of children treated was only 700 fewer than in the previous year, and 450 more general anaesthetics were given.

Orthodontic work which had already been started was completed, but even so the number of "other operations" performed was 1,240 less than the year before. The unfortunate effect of the situation is seen most clearly, however, in the fact that the number of fillings of permanent teeth has diminished by 1,500.

The volume of work undertaken on behalf of the Health Committee was materially reduced and relates largely to the period before the restrictions were imposed.

b) EYE CLINIC

The arrangement whereby the consultant ophthalmic surgeon, who is now remunerated by the Regional Hospital Board, conducts a clinic twice weekly at the Municipal Health Centre, continued unchanged.

Additional clinics were held once a fortnight, or oftener when required, by Dr. G. Foster Smith. The Education Committee is responsible for the payment of sessional fees to him, but recovers from the Local Executive Council in respect of refractions performed by him under National Health Service arrangements, so that the nett cost to the Authority is small.

The total number of attendances at the clinic was rather smaller, 1,876 compared with 2,056, but the number of cases of errors of refraction dealt with was approximately the same. The supplementary ophthalmic service arrangements under which children now obtain spectacles have the disadvantage that these are no longer submitted to the ophthalmic surgeon for verification, nor is there any power to insist on this protection being afforded. Apart from these defects which Dr. D. D. Evans regards as most serious, there is also no system now whereby we are automatically informed as to the children who have obtained the spectacles prescribed for them.

Children requiring operative treatment for squint are admitted to the General Hospital, Southend, under the care of the ophthalmic surgeon who has seen them at the school clinic.

At the end of the year arrangements had been agreed for the establishment of an Orthoptic Clinic to serve the area of the local Hospital Management Committee. As there is no accommodation available in the out-patient department of the hospital the Education Committee agreed to accommodate the clinic at the Municipal Health Centre, and it is hoped that these facilities will be available as soon as the necessary staff and equipment can be obtained.

The interval between the prescribing of spectacles and their supply under the supplementary ophthalmic service has gradually diminished and opticians have been helpful and co-operative in cases where their assistance has been sought in obtaining early delivery of lenses for children who were in urgent need.

c) EAR, NOSE AND THROAT CLINIC

No special clinic session is held; the children are seen by the consultant surgeon at his ordinary out-patient clinic at Southend General Hospital.

The number of children who received operative treatment for enlarged tonsils and adenoids was 528, compared with 361 in the

previous year. The increase is in part due to the effort made by the hospital staff to reduce the waiting list. Children referred to the consultant surgeon for opinion numbered 313. The reported figure for last year was 201, but as was then explained, the figures were incomplete, and when the increase in the number of routine medical inspections is taken into account there is no reason to think that the rate of referral has been unusual.

(d) ORTHOPAEDIC CLINIC

The special quarterly clinic for children was held as usual at Southend General Hospital, and the arrangements for intermediate attendance at the out-patient department remained unaltered, 147 children attending as out-patients, compared with 167 in the previous year. The total number of attendances of school children so far as they are known to the department, was only 214, as compared with 403 in 1948, and it seems likely, therefore, that the information is incomplete.

Some 44 children received orthopaedic in-patient treatment, compared with 13 in the previous year, which reflects the successful efforts made to reduce the waiting list. Orthopaedic appliances are supplied by the Hospital Management Committee, under the National Health Service and after initial difficulties and considerable delays the arrangements are now more satisfactory.

(e) SPEECH THERAPY CLINIC

The Speech Therapist, Mrs. R. W. Jenkins, resigned on the 2nd June and owing to difficulty of recruitment the clinic remained in abeyance for the rest of the year.

During the period the clinic was open 577 treatments were given, 10 new children were admitted and 14 discharged. When the Clinic ceased 52 children were still in attendance.

Mrs. Jenkins had been employed for six sessions a week at the Authority's clinic, also holding an appointment for two sessions a week at Southend General Hospital, which she retained on leaving your service. The absence of a clinic for children is a serious loss.

(f) CHILD GUIDANCE CLINIC

The inability of the Education Committee to fill the post of Educational Psychologist, vacant since August 1948 has imposed a serious handicap on the work of the clinic.

Reference has been made elsewhere to the added burden imposed on the medical officers and the psychiatric social worker.

The clinic continues to operate under difficulties on the top floor of No. 20 Warrior Square, and there is no likelihood of the projected hostel for maladjusted children being provided in the near future.

The following is a summary of the work done at the clinic during 1949.

Part-time Psychiatrist.

Interviews with children	659
Interviews with parents	455
Interviews with head teachers, probation officers and others	19

Psychiatric Social Worker.

Interviews with parents	577
Interviews with parents for juvenile court ...	—
Interviews with children	356
Visits to schools	70
Home visits	82
Visits—other agencies—(e.g. probation office)	150

FOLLOWING-UP AND WORK OF NURSES

The duties of Health Visitor and School Nurse have been combined for many years, and in future the Health Visitor is to be concerned with the whole family as a unit, in sickness and health.

A new appointment of a Superintendent Health Visitor was authorised and Miss E. Roberts took up her duties in January. Each Health Visitor is responsible for a particular area of the Borough, based on, but not necessarily coterminous with the intake areas of the primary schools to which she is attached as School Nurse.

The routine follow-up of children found to have defects on inspection at school was still to some extent incomplete owing to the pressure of other duties of more immediate urgency, and efforts had to be concentrated on the more important defects and on ensuring that every child for whom treatment was recommended was given the opportunity of obtaining it.

Domiciliary visits for follow-up purposes numbered nearly 800 more than in the previous year.

The following table shows the work done by the nurses during the year:—

	<i>No. of children</i>	<i>No. of visits</i>
Chronic tonsillitis, adenoids, mouth breathing, etc. ...	319	311
Squint or defective vision ...	209	224
Deformities	115	121
Verminous conditions ...	799	889
Infectious diseases	894	1007
Contagious skin diseases ...	32	37
Malnutrition, neglect, etc. ...	40	39
Defective teeth	40	40
Tuberculosis	16	14
Other conditions, e.g. blephar- itis, bronchitis, otorrhoea, etc.	1006	1132
<i>Total</i> ...	<u>3470</u>	<u>3814</u>

HANDICAPPED PUPILS

The arrangements for the ascertainment of handicapped pupils remained unaltered, and are satisfactory except in the case of the educationally subnormal, where the continued lack of an educational psychologist caused considerable delay in psychometric testing of children reported as being backward at school. Although there are now two medical officers approved under Article 53 of the Handicapped Pupils and School Health Service Regulations, the time of the assistant medical officers is so fully occupied during the school terms that there is often serious delay in ascertainment.

Close liaison is maintained with the paediatric department of Southend General Hospital and in suitable cases, chiefly the ascertainment of the deaf, children have been referred to special clinics in London.

SPECIAL SCHOOLS

Plans have been prepared for the future enlargement of the Day Open Air School, the first stage of which, comprising two additional classrooms, has been retained in the building programme for 1951-52. In the meantime the restoration, even of the present inadequate premises to their proper use, is of prime importance. We have now been ten years without any local provision whatever for delicate and physically handicapped pupils, a situation which must cause grave concern, no matter what reasons compel it.

The need for expansion of the Day Special School for educationally subnormal children has been recognised by the decision to provide a new school of 100 places on a different site. This project also has been retained in the building programme for 1951-52. For the present the school in Great Eastern Avenue continues to operate under some difficulties and with insufficient places to satisfy the demand.

The provision of special classes for educationally subnormal children in the ordinary schools is also insufficient.

Reference has been made on several occasions in the past to the lengthy waiting list of residential special schools and the position remains very difficult.

The following table shows the number of children maintained during the year in residential special schools not provided by the authority:—

BLIND AND PARTIALLY SIGHTED

	<i>Boys</i>	<i>Girls</i>
Chorleywood College	—	2
Sunshine Home, East Grinstead	1	—
West of England School for the Partially Sighted	1	1
Dorton House, Aylesbury	3	—
Brighton School for Partially Sighted Boys ...	2	—
Barclay School for Partially Sighted Girls ...	—	1

DEAF AND PARTIALLY DEAF

	<i>Boys</i>	<i>Girls</i>
Royal School for the Deaf, Margate	4	1
Royal Institution for the Deaf, Derby	—	2
Royal School for the Deaf & Dumb, Martley, Worcester	2	—
Brighton School for Partially Deaf	1	1

EDUCATIONALLY SUBNORMAL

	<i>Boys</i>	<i>Girls</i>
Beacon School, Lichfield	1	—
Littleton House, Girton	2	—

PHYSICALLY DEFECTIVE AND DELICATE

	<i>Boys</i>	<i>Girls</i>
Etherington Hall, Speldhurst	—	1
Hinwick Hall, Wellingborough	1	—
Hurst Lea, Sevenoaks	1	—
St. Catherine's Home, Ventnor	2	—
St. Patrick's, Hayling Island	—	2
Palace School, Ely	—	1
Coney Hill School, Margate	—	—
West Wickham Heart Hospital	—	2
Port Regis Open Air School, Broadstairs	—	2
St. Monica's Home, Kingsdown	1	1
Charlton House, Shaftesbury	—	—
St. John's, Chigwell	1	—
St. John's, Kemp Town	—	1
Holy Cross Convent, Broadstairs	1	—
Anthony and Annie Muller Home, Broadstairs	1	—

EPILEPTIC

	<i>Boys</i>	<i>Girls</i>
Chalfont Colony	1	—
Colthurst House School	—	1

MALADJUSTED

	<i>Boys</i>	<i>Girls</i>
Walton Elm School	—	2

NURSERY CLASSES

The classes at Thorpe, Bournemouth Park Road, and the Open Air School were continued as usual; they are very popular with parents and the demand for admission always exceeds the available places.

The health of the children has been good and no special medical problems arose during the year. All children are medically examined prior to their first entry to a Nursery Class.

TRAINING OF DISABLED PERSONS

Students attending the Ministry of Labour's training courses for Disabled Persons at the Municipal College are offered medical examination under the School Health Service. Twenty students were examined under this scheme during the year.

There is a wide variety in the medical conditions qualifying disabled persons for inclusion in these courses and in many cases it is found that the students are already under medical supervision, either at the hospital, the chest clinic, or their general practitioner.

JUVENILE EMPLOYMENT

Applications for juvenile employment have shown an increase since the raising of the school leaving age. 310 boys and 32 girls were examined for regular employment. Of these, 61 boys and 6 girls were pupils attending Grammar Schools. In addition 27 girls were examined for temporary theatrical licences.

The development of the Advisory Youth Employment Service for school leavers led to the adoption of a new procedure designed to ensure that the Youth Employment Committee when advising a child leaving school on the choice of a career, should be informed of any restrictions as to type of employment which may be considered advisable in the light of his medical history.

Head Teachers' school leaving reports are scrutinised by the School Medical Officers in conjunction with the children's medical records. In the majority of cases, where no recommendation regarding restriction of employment is indicated, the report forms are stamped and returned to the Youth Employment Officer. If the records indicate a need for advice as to restricted choice of employment, the School Medical Officer completes a School Leaving Medical Report (Form Y.9) making the appropriate recommendation, after consultation with the Head Teacher or re-examination of the child as may be necessary. In the case of more serious physical handicaps, where registration as a disabled person is recommended, the child is examined and after consultation with the parent, the special School Leaving Medical Report for Disabled Juveniles (Form E.D.211 (D.P.)) is completed.

SPECIAL INVESTIGATIONS

In November a report was received of the occurrence of nausea and vomiting among a number of children at St. Bernards High School. Eight girls in one class and three in another complained of symptoms on the 17th and 18th November. Nausea was present in all cases. In addition three of the children had vomited, four complained of headache, and four gave a history of slight sore throat at varying intervals from one to six days before the onset of nausea. One girl had diarrhoea but stated that she was frequently susceptible to this. None of the children was seriously ill and examination disclosed no objective signs of disease.

The possibility of food poisoning appeared unlikely, both on account of the time distribution of the onset of symptoms and because

these were the only children affected out of six hundred who consumed the school meal. There was no evidence to contradict the children's denial that they had together eaten some undisclosed article of food.

The form containing the first eight girls had been occupied in the chemical laboratory and the possibility of coal gas poisoning from a leaky tap was therefore considered, but no confirmation of this was found, and in any case it would not have explained the occurrence of similar symptoms in three girls in another form.

Other possible causes were considered only to be rejected, and it appears likely that this was a localised outbreak of epidemic nausea and vomiting of unknown aetiology, such as has been reported as occurring among groups of children and juvenile factory workers.

* * *

In October there arrived in Southend 20 German children sponsored by the "British Aid for German Workers" children's hospitality scheme, with a view to their spending three months in England in the homes of volunteer foster parents. The Education Committee had agreed to make available to them the facilities of the School Health Service and arrangements were made for them to be medically examined on arrival, and also, for purposes of comparison, prior to their return to Germany at the end of their stay.

On arrival in the Borough late at night they were accommodated in Crowstone Congregational Church Hall for the night, and were there inspected by a medical officer. The object of this preliminary "screening" was to pick out any child who might be ill or in an infective state on arrival.

The following morning the children attended at the Municipal Health Centre, where they were weighed, inspected in detail by a medical officer and dental surgeon, and subsequently had their chests screened by the Consultant Chest Physician at Lancaster House Chest Clinic.

The general condition of the children was in most cases assessed as "fair" (B) but many of them were recorded as showing pallor and the general impression of the examiners was that their physical development was poorer than that of unselected Southend children of the same ages. The incidence of dental caries was not greater than average. There were several children with minor septic sores and two cases of slight nit infestation. In general the state of bodily cleanliness was poor, but the children had been travelling for 48 hours prior to examination and no information was available as to the conditions under which they had been living before coming to England.

X-ray screening of their chests showed no evidence of active disease in any child, though in a few cases evidence of healed primary foci in the lungs was noted.

It is not known to what extent these children were typical of the child population of Germany at the time, but it seems likely that they were to some extent specially selected, and all observers agree their physical condition was less favourable than that of average British children.

On re-examination in January 1950, at the end of their stay in England, all the children were found to have gained weight, the average increase being 11.1 lbs. for the girls and 7.75 lbs. for the boys. Increase in weight, however, was only one factor in the marked improvement in the general condition exhibited by the children. All except three were placed in a higher nutritional category on re-examination, and all showed improvement in colour and muscle-tone. They were alert, lively, and in good health, and there is no doubt that they had benefited very much by their stay in England.

PRIMARY AND SECONDARY SCHOOLS

RETURN OF MEDICAL INSPECTIONS:—YEAR ENDED 31ST DECEMBER, 1949.

TABLE I.

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—

Entrants	...	...	...	2,529
Second Age Group	...	...	...	1,662
Third Age Group	...	...	...	1,484
Total	...	...	...	5,675

Number of other Periodic Inspections

B. OTHER INSPECTIONS.

Number of Special Inspections	...	6,643
Number of Re-Inspections	...	4,606
Total	...	11,249

C. PUPILS FOUND TO REQUIRE TREATMENT.

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	61	190	241
Second Age Group ...	108	110	205
Third Age Group ...	90	99	185
Other Periodic Inspections	—	—	—
Grand Total	259	399	631

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1949.

Defect Code No.	Defect or Disease (1)	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
4	Skin	32	56	574	13
5	Eyes—				
	a. Vision ..	259	365	1153	40
	b. Squint ..	31	50	21	2
	c. Other ..	31	6	237	25
6	Ears—				
	a. Hearing ..	8	12	22	3
	b. Otitis Media ..	9	17	70	3
	c. Other ..	5	1	113	12
7	Nose or Throat ..	55	405	579	51
8	Speech	19	24	2	—
9	Cervical Glands ..	4	78	48	14
10	Heart and Circulation	—	33	7	2
11	Lungs	4	195	40	30
12	Developmental :—				
	(a) Hernia ..	16	46	9	2
	(b) Other ..	34	99	6	4
13	Orthopaedic :—				
	(a) Posture ..	3	123	2	2
	(b) Flat foot ..	93	167	50	2
	(c) Other ..	19	118	248	21
14	Nervous system :—				
	(a) Epilepsy ..	—	14	3	—
	(b) Other ..	—	13	9	25
15	Psychological :— ..				
	(a) Development ..	1	40	8	3
	(b) Stability ..	1	43	98	3
16	Other	56	186	1070	206

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED
DURING THE YEAR IN THE AGE GROUPS.

Age Groups	Number of Pupils inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col 2	No.	% of col. 2	No.	% of col 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	2529	858	33.9	158	62.7	85	3.4
Second Age Group	1662	513	30.9	1068	64.2	81	4.9
Third Age Group	1484	475	32.0	936	63.1	73	4.9
Other Periodic Inspections ..	—	—	—	—	—	—	—
Total	5675	1846	32.5	3590	63.3	239	4.2

TABLE III.

TREATMENT TABLES

GROUP I—MINOR AILMENTS:—

(a)

*Number of Defects
treated, or under
treatment during
the year*

Skin—

Ringworm—Scalp:

(i) X-Ray treatment —
(ii) Other treatment —

Ringworm—Body 6

Scabies 13

Impetigo 89

Other skin diseases 465

Eye Disease 243

(External and other, but excluding errors of refraction,
squint and cases admitted to hospital).

Ear Defects 202

Miscellaneous 1,097
(e.g. minor injuries, bruises, sores, chilblains, etc).

Total **2,115**

(b) Total number of attendances at Authority's minor
ailment clinics **4,954**

GROUP II—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group I):—

				<i>No. of defects dealt with</i>
<i>Errors of Refraction</i> (including squint)	...	...	...	916
Other defects or diseases of the eyes (excluding those recorded in Group I)	...	...	...	18
Total	...	...	...	934
Number of Pupils for whom spectacles were				
(a) Prescribed	...	...	...	681
(b) Known to have been obtained	...	...	...	129

GROUP III—TREATMENT OF DEFECTS OF NOSE AND THROAT.

				<i>Total number treated</i>
Received operative treatment—				
(a) for adenoids and chronic tonsillitis	...	...	...	528
(b) for other nose and throat conditions	...	...	...	4
Received other forms of treatment	...	...	...	28
Total	...	...	...	560

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) No. treated as in-patients in hospitals or hospital schools	...	...	...	...	44
(b) No. treated otherwise, e.g. in clinics or outpatient departments	...	...	...	...	147

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

No. of pupils treated—				
(a) under Child Guidance arrangements	...	...	...	92
(b) under Speech Therapy arrangements	...	...	...	52

TABLE IV.

DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers:—						
(a) Periodic age groups	...	...	...	...	...	3,928
(b) Specials	...	...	...	...	...	3,433
(c) TOTAL (Periodic and Specials)	...	...	...	...	...	7,361
(2) Number found to require treatment	...	...	...	...	...	5,302
(3) Number actually treated	...	...	...	...	...	4,947
(4) Attendances made by pupils for treatment	...	...	...	...	...	8,178
(5) Half-days devoted to:—						
(a) Inspection	...	...	...	...	...	22
(b) Treatment	...	...	...	...	...	589
Total (a) and (b)						611
(6) Fillings:—						
Permanent Teeth	...	...	...	...	...	923
Temporary Teeth	...	...	...	...	...	101
Total						1,024
(7) Extractions:—						
Permanent Teeth	...	...	...	...	...	1,200
Temporary Teeth	...	...	...	...	...	6,390
Total						7,590
(8) Administration of general anaesthetics for extraction						
...	...	...	...	...	...	4,054
(9) Other operations:—						
(a) Permanent Teeth	...	...	...	...	...	2,257
(b) Temporary Teeth	...	...	...	...	...	11
Total (a) and (b)						2,268

TABLE V.

INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by school nurses or other authorized persons	...	40,286
(ii) Number of individual pupils found to be infested	...	358

7 AC. 4 4 117

927



INSTITUTE OF SOCIAL
MEDICINE

10. PARKS ROAD,
OXFORD

COUNTY BOROUGH OF SOUTHEM-ON-SEA

ANNUAL REPORT

ON THE WORK OF

THE SCHOOL HEALTH SERVICE

For the Year 1949

INSTITUTE OF PUBLIC
MEDICINE

10, PARKS ROAD,
OXFORD



COUNTY BOROUGH OF SOUTHEND-ON-SEA

ANNUAL REPORT

ON THE WORK OF

THE SCHOOL HEALTH SERVICE

For the Year 1949

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1949

WELFARE AND SPECIAL SERVICES SUB-COMMITTEE OF THE EDUCATION COMMITTEE

Chairman:

Alderman Mrs. C. Leyland, M.B.E.

Vice-Chairman:

Councillor E. A. Clarke.

Ex-Officio:

Chairman of Education Committee:

Councillor P. B. Renshaw, I.S.O.

Vice-Chairman of Education Committee:

Councillor E. N. Selby, J.P., F.A.I.

Chairman of Maternity & Child Welfare Committee:

Alderman Mrs. M. Broom.

Councillor A. Crush.

Councillor Mrs. W. M. H. Dalwood.

Councillor A. E. Hill, J.P.

Mr. C. W. Beale, J.P.

Mr. E. G. Bowyer.

Miss E. O. Dowsett.

Reverend P. C. Lee.

Dr. W. I. Moore.

Miss M. E. Reay, C.B.E., J.P.

Mrs. S. S. Sylvester.

STAFF OF THE SCHOOL HEALTH SERVICE

A. WHOLE-TIME OFFICERS

School Medical Officer:

J. Stevenson Logan, M.B., Ch.B., D.P.H.

Deputy School Medical Officer:

J. Conway Preston, M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officers:

John Greenhalgh, M.B., B.S., M.R.C.S., L.R.C.P., D.A.

Gladys Lilian Neill, M.B., B.S., M.R.C.S., L.R.C.P., resigned
8 March.

Dorothy Kirby Paterson, M.B., B.S., M.R.C.S., L.R.C.P.,
D.P.H., appointed 8 March.

Senior School Dental Surgeon:

Edgar C. Austen, L.D.S.

Assistant School Dental Surgeon:

Alexander T. Craig, L.D.S., resigned 28.3.49.

Superintendent Health Visitor:

Miss Edith Roberts, appointed 31.1.49.

Health Visitors who also act as School Nurses:

Miss K. M. Burnett.

Miss M. Butcher.

Miss M. N. Withams.

Miss D. E. Stevens.

Miss G. M. John.

Miss A. M. Turret.

Miss F. L. Blackburn.

Miss M. K. Lock.

Miss P. Barritt, resigned 12.3.49.

Miss G. M. Willcocks.

Miss H. A. Gracey, resigned 30.12.49.

Miss B. M. James.

Mrs. J. M. Fairfax, appointed 1.1.49.

Mrs. U. McGrath, appointed 4.7.49.

School Clinic Nurse:

Miss D. L. Willis.

Psychiatric Social Worker:

Miss D. L. Freeman-Browne.

School Clinic Attendant:

Miss L. Marshall, resumed duties 1.3.49; resigned 31.12.49

Dental Attendants:

Miss I. J. Sinclair.

Miss D. Fill.

Clerks:

Miss A. M. Roberts.

Mrs. D. Aldred.

Miss B. P. Law.

Miss J. Wheeler, on extended leave.

Miss E. Hodgson, resigned 21.8.49.

Mrs. D. L. Stobbs, appointed temporarily 12.9.49.

B. PART-TIME OFFICERS*Psychiatrist:*

H. Bevan Jones, M.R.C.S., L.R.C.P.

Speech Therapist:

Mrs. R. W. Jenkins, L.C.S.T., resigned 2.6.49.

STAFF

Dr. Gladys Neill resigned in March and was succeeded as assistant school medical officer by Dr. Dorothy Paterson.

As a result of the National Health Service Act, 1948, Dr. Bevan Jones, our child psychiatrist, became the only part-time specialist medical officer regularly employed by the Education Authority.

The assistant school dental surgeon, Mr. A. T. Craig, resigned in March and it proved to be impossible to engage a successor. This unhappy consequence of the difference between the remuneration available to dental surgeons under the National Health Service and those employed in the School Health Service has been experienced by many education authorities, and attention has been drawn in Parliament to its disastrous results. Since 1934 the establishment of school dental officers has been two, but it had been proposed to employ an additional dental officer when the surgery at the Burnham Road Clinic was completed, and the need for still further expansion in the future was recognised. The difficulty confronting Mr. E. C. Austen, the senior dental officer, in maintaining the dental service single-handed can be judged from the following extract from a communication received from the Ministry of Education in March, following an inspection of the school dental service by one of the Ministry's medical officers.

“The present staff of two dental officers is quite insufficient for the school population of nearly 17,000. Even on the minimum standard recommended before the war the equivalent of three and a half whole-time officers would have been required, and the present high rate of acceptance of treatment, together with the greater proportion of secondary school children and the demand for orthodontic treatment make a staff of at least four dental officers necessary for school purposes. The needs of mothers and pre-school children are, of course, in addition.”

At the end of the year the number of children on the school rolls was 17,986 and it is pertinent to compare the above quoted estimate of the needs of the school dental service with the present establishment of medical officers, administrative and clinical, which is the equivalent of two and a quarter whole-time officers. At the present time there are difficulties both of premises and of recruitment, but it is apparent that the needs of the service cannot be adequately met for much longer without additional medical staff.

The Child Guidance Clinic was without an educational psychologist throughout the year and this occasioned a considerable additional burden on the medical officers and the psychiatric social worker.

Miss Edith Roberts was appointed in January to the newly created post of superintendent health visitor.

The establishment of health visitors and school nurses was increased to thirteen by the appointment in January of Mrs. Fairfax. Following the resignation of Miss Barritt in March, Mrs. McGrath was appointed in July. Miss Gracey resigned in December, leaving one vacancy in the establishment at the end of the year.

The speech therapist, Mrs. Jenkins, resigned in June and the Speech Clinic was in abeyance for the remainder of the year.

The temporary appointment of Miss W. England as school clinic attendant terminated in March with the return of Miss L. Marshall who had been granted leave of absence to undertake general nursing training. Miss Marshall resigned on the 31st December to undertake further training.

Miss B. P. Law who was already on the staff of the Public Health Department was assigned to duties in the school health section, and Mrs. D. L. Stobbs was appointed temporarily in September in the place of Miss E. Hodgson who resigned in August.

SCHOOL MEDICAL AND DENTAL INSPECTIONS

With two medical officers available throughout the year 5,677 routine inspections were performed, which is the highest total since the war and nearly 1,300 more than last year.

The difficulty of obtaining accommodation in the schools in order to carry out medical inspections became even more acute and this year no less than eight requests for the postponement of medical inspections because there was no room which could be made available were received. This is only part of the difficulty created by overcrowding the schools, since, as was mentioned in the report for 1947, in many other cases only one room which has to serve for parents' waiting room, sight testing, undressing, and medical consultation can be made available.

The general condition of the children as found at routine medical inspection showed no significant alteration not accountable to the variation of assessment by different examiners.

Reference was made last year to an increase in the cases of defective vision seen at special inspections. The total number of children with this defect was almost the same this year (1817 compared with 1822) though more of them were seen at routine inspections and fewer at special inspections. The only other notable difference in the return of defects found was an increase in minor orthopaedic defects, posture and flat foot. As it is limited to children routinely inspected and referred for observation, the increase is possibly due to the personal factors inseparable from such assessments.

Among special inspections the examination of children prior to joining camps and organised holiday tours continues to be a prominent feature of the early weeks of the summer vacation, and 252 children were examined for this purpose.

The difficulty of maintaining the school dental service, to which reference is made elsewhere in this report, is reflected in a further decline in the number of children who underwent routine dental inspection in schools.

PROVISION OF MILK AND MEALS

There were no major changes during the year with the exception of the opening of the kitchen-dining centre at Prince Avenue School.

and the closure in September of that at Hinguar Street, Shoburyness, the output of which at that time was not considered to justify its retention.

Nineteen schools were supplied with meals cooked on the premises and the remainder received meals in heated containers from the five central kitchens.

Four meal centres remained open during the school holidays.

The average percentage of children taking school meals was 59.6% for Primary Schools and 62.9% for Secondary Schools.

There was no reported occurrence of food poisoning attributed to school meals during the year.

The arrangements for the supply of milk remained unaltered and no special difficulties were encountered.

ARRANGEMENTS FOR TREATMENT

General

The alterations in procedure consequent upon the National Health Service Act were referred to in last year's report. Early judgment indicated that at least in the beginning the changes would affect the School Health Service less than might have been expected, and this has been borne out. This is not to say that further changes will not occur which will seriously modify existing arrangements. The arrangements for obtaining specialist advice and treatment have worked satisfactorily and there is close collaboration between the Hospital Management Committee and the Local Education Authority, to their mutual advantage. The Eye Clinic continues to be held on the authority's premises although the ophthalmic surgeon is remunerated by the Regional Hospital Board. Similar arrangements are contemplated for the Orthoptic Clinic which the Management Committee hope to establish during the coming year.

The psychiatrist is still employed directly by the Education Authority but it is expected that the Regional Hospital Board will shortly assume responsibility for his services, although the other members of the Child Guidance Clinic staff, and the premises, will continue to be provided by the local authority.

In general the arrangements for treatment are comprehensive, although, as will be seen in the following sections of this report, there are at the present time special difficulties, owing to staff shortages in the dental, child guidance, and speech therapy departments.

MALNUTRITION

The arrangements for the supply of free milk and meals on medical recommendation or on evidence of economic need remained unaltered. Of the daily average number of children taking school meals, some 5% in the Primary Schools and 12% in the Secondary Schools receive them free of charge.

Cod Liver Oil and Malt and Parrish's food are available free of cost on medical recommendation.

MINOR AILMENTS

The inspection clinic and minor ailment treatment centre at the Municipal Health Centre was open daily throughout the year.

The clinics at Burnham Road, Leigh, and at the Council Office, Shoburness, were held once weekly throughout the year, being combined with diphtheria immunisation clinics. The additional clinic at Eastwood High School was again held once weekly during term-time only.

After a slight increase last year, the number of attendances at the inspection clinic again fell off, being 6,414 compared with 7,891 last year and 9,869 in 1946, the peak year. The decline this year may be attributable in part to the effect of the National Health Service Act. Now that the initial overcrowding of doctor's surgeries has shown signs of abating, more parents no doubt prefer to seek the advice of the family physician, a resolution in which they are confirmed by the inability of the school medical officer to prescribe free medicines under the Act. The decline in attendances prior to the National Health Service Act, in so far as it is not accounted for by natural variations in the incidence of sickness, is probably due to a variety of causes among which may be mentioned the greater efficiency of present methods of treatment in shortening the period of invalidity, the progressive decline of diseases such as scabies and impetigo since the war years, and, at least, the successful efforts of the school attendance officers to prevent unnecessary clinic attendances.

Attendances at the minor ailment treatment centre, after a slight increase last year, fell from 6,087 to 4,954, a figure which is still slightly above the average for recent years.

Among the conditions treated at the minor ailment treatment centre it is interesting to note that while 89 cases of impetigo were dealt with, compared with 182 last year, "other skin diseases" increased from 282 to 465. The explanation probably lies in the variation in the number of children referred by the medical officer for treatment at the clinic rather than in an alteration of the incidence of the common skin diseases.

UNCLEANLINESS AND VERMINOUS CONDITIONS

Treatment facilities for scabies and verminous conditions are freely available at the Municipal Health Centre.

The incidence of scabies continues to diminish and is at present so slight as not to merit separate mention.

The reduction in the incidence of verminous infestation reached a new low level with 358 cases, compared with 507 last year, although the number of examinations carried out in routine cleanliness surveys again increased, from 39,208 to 40,286.

The procedure for the exclusion of children found to be verminous, which was described in the report for 1946, continued to work satisfactorily. It was not necessary to resort to legal proceedings or compulsory cleansing during the year.

CONVALESCENT TREATMENT

As described in last year's report, the Education Committee decided to exercise its powers to provide convalescent treatment in appropriate cases under the Education Act, instead of relinquishing this duty to the Local Health Authority as part of its National Health Service Act functions.

This is of importance to parents because the Local Health Authority is under the obligation of recovering part or the whole of the cost in accordance with the parent's means, whereas if provided under the Education Act convalescent treatment is free.

During the year 3 school children were provided with convalescent treatment.

SPECIAL CLINICS

(DENTAL CLINIC. Mr. E. C. Austen, Senior School Dental Surgeon, reports:—

“Owing to difficulties of recruitment no further progress was made in establishing the new dental clinic at Burnham Road, Leigh.

“The departure of Mr. Craig at the end of March made necessary a drastic re-organisation of the work of the Department to ensure the best use of my time.”

The Committee were regretfully compelled to inform the Health Committee that save in exceptional cases, no further work could be undertaken for expectant mothers and pre-school children. The orthodontic programme had to be severely restricted. Routine inspection was curtailed as suggested in Ministry of Education Circular No. 1523, issued to deal with the situation created by the war emergency in August 1940.

Children were seeking treatment without appointment at the rate of some 14 per day, and as much of this work involved emergency treatment for the relief of pain and the treatment of sepsis, it had necessarily to be given priority over routine work, so that in many cases the latter could only be partially completed.

Arrangements were made for a medical officer to attend for the administration of general anaesthetics on two complete sessions each week and for the first hour or so of most morning sessions in order to deal with emergencies. This was only made possible by a reorganisation of the medical officers' time table consequent upon their having ceased to undertake, as part of their official duties, work in the Venereal Diseases Treatment Centre on behalf of the Hospital Management Committee.

As this situation did not arise until the first quarter of the year had been completed, its full effect is not revealed in the statistics for this year. Comparison with 1948 when two dental surgeons were available for the whole year, shows that, in round figures, 1,500 fewer children were routinely inspected, although 200 more were seen as “specials.” Although only 589 sessions were available for treatment compared with 1948, the total number of children treated was only 700 fewer than in the previous year, and 450 more general anaesthetics were given.

Orthodontic work which had already been started was completed, but even so the number of "other operations" performed was 1,240 less than the year before. The unfortunate effect of the situation is seen most clearly, however, in the fact that the number of fillings of permanent teeth has diminished by 1,500.

The volume of work undertaken on behalf of the Health Committee was materially reduced and relates largely to the period before the restrictions were imposed.

(b) EYE CLINIC

The arrangement whereby the consultant ophthalmic surgeon, who is now remunerated by the Regional Hospital Board, conducts a clinic twice weekly at the Municipal Health Centre, continued unchanged.

Additional clinics were held once a fortnight, or oftener when required, by Dr. G. Foster Smith. The Education Committee is responsible for the payment of sessional fees to him, but recovers from the Local Executive Council in respect of refractions performed by him under National Health Service arrangements, so that the nett cost to the Authority is small.

The total number of attendances at the clinic was rather smaller, 1,876 compared with 2,056, but the number of cases of errors of refraction dealt with was approximately the same. The supplementary ophthalmic service arrangements under which children now obtain spectacles have the disadvantage that these are no longer submitted to the ophthalmic surgeon for verification, nor is there any power to insist on this protection being afforded. Apart from these defects which Dr. D. D. Evans regards as most serious, there is also no system now whereby we are automatically informed as to the children who have obtained the spectacles prescribed for them.

Children requiring operative treatment for squint are admitted to the General Hospital, Southend, under the care of the ophthalmic surgeon who has seen them at the school clinic.

At the end of the year arrangements had been agreed for the establishment of an Orthoptic Clinic to serve the area of the local Hospital Management Committee. As there is no accommodation available in the out-patient department of the hospital the Education Committee agreed to accommodate the clinic at the Municipal Health Centre, and it is hoped that these facilities will be available as soon as the necessary staff and equipment can be obtained.

The interval between the prescribing of spectacles and their supply under the supplementary ophthalmic service has gradually diminished and opticians have been helpful and co-operative in cases where their assistance has been sought in obtaining early delivery of lenses for children who were in urgent need.

(c) EAR, NOSE AND THROAT CLINIC

No special clinic session is held; the children are seen by the consultant surgeon at his ordinary out-patient clinic at Southend General Hospital.

The number of children who received operative treatment for enlarged tonsils and adenoids was 528, compared with 361 in 1952.

previous year. The increase is in part due to the effort made by the hospital staff to reduce the waiting list. Children referred to the consultant surgeon for opinion numbered 313. The reported figure for last year was 201, but as was then explained, the figures were incomplete, and when the increase in the number of routine medical inspections is taken into account there is no reason to think that the rate of referral has been unusual.

(d) ORTHOPAEDIC CLINIC

The special quarterly clinic for children was held as usual at Southend General Hospital, and the arrangements for intermediate attendance at the out-patient department remained unaltered, 147 children attending as out-patients, compared with 167 in the previous year. The total number of attendances of school children so far as they are known to the department, was only 214, as compared with 403 in 1948, and it seems likely, therefore, that the information is incomplete.

Some 44 children received orthopaedic in-patient treatment, compared with 13 in the previous year, which reflects the successful efforts made to reduce the waiting list. Orthopaedic appliances are supplied by the Hospital Management Committee, under the National Health Service and after initial difficulties and considerable delays the arrangements are now more satisfactory.

(e) SPEECH THERAPY CLINIC

The Speech Therapist, Mrs. R. W. Jenkins, resigned on the 2nd June and owing to difficulty of recruitment the clinic remained in abeyance for the rest of the year.

During the period the clinic was open 577 treatments were given, 10 new children were admitted and 14 discharged. When the Clinic ceased 52 children were still in attendance.

Mrs. Jenkins had been employed for six sessions a week at the Authority's clinic, also holding an appointment for two sessions a week at Southend General Hospital, which she retained on leaving your service. The absence of a clinic for children is a serious loss.

(f) CHILD GUIDANCE CLINIC

The inability of the Education Committee to fill the post of Educational Psychologist, vacant since August 1948 has imposed a serious handicap on the work of the clinic.

Reference has been made elsewhere to the added burden imposed on the medical officers and the psychiatric social worker.

The clinic continues to operate under difficulties on the top floor of No. 20 Warrior Square, and there is no likelihood of the projected hostel for maladjusted children being provided in the near future.

The following is a summary of the work done at the clinic during 1949.

Part-time Psychiatrist.

Interviews with children ...	...	...	...	659
Interviews with parents ...	...	...	...	455
Interviews with head teachers, probation officers and others ...	...	...	...	19

Psychiatric Social Worker.

Interviews with parents	577
Interviews with parents for juvenile court ...	—
Interviews with children	356
Visits to schools	70
Home visits	82
Visits—other agencies—(e.g. probation office)	150

FOLLOWING-UP AND WORK OF NURSES

The duties of Health Visitor and School Nurse have been combined for many years, and in future the Health Visitor is to be concerned with the whole family as a unit, in sickness and health.

A new appointment of a Superintendent Health Visitor was authorised and Miss E. Roberts took up her duties in January. Each Health Visitor is responsible for a particular area of the Borough, based on, but not necessarily coterminous with the intake areas of the primary schools to which she is attached as School Nurse.

The routine follow-up of children found to have defects on inspection at school was still to some extent incomplete owing to the pressure of other duties of more immediate urgency, and efforts had to be concentrated on the more important defects and on ensuring that every child for whom treatment was recommended was given the opportunity of obtaining it.

Domiciliary visits for follow-up purposes numbered nearly 800 more than in the previous year.

The following table shows the work done by the nurses during the year:—

	<i>No. of children</i>	<i>No. of visits</i>
Chronic tonsillitis, adenoids, mouth breathing, etc. ...	319	311
Squint or defective vision ...	209	224
Deformities	115	121
Verminous conditions ...	799	889
Infectious diseases	894	1007
Contagious skin diseases ...	32	37
Malnutrition, neglect, etc. ...	40	39
Defective teeth	40	40
Tuberculosis	16	14
Other conditions, e.g. blephar- itis, bronchitis, otorrhoea, etc.	1006	1132
<i>Total</i> ...	<u>3470</u>	<u>3814</u>

HANDICAPPED PUPILS

The arrangements for the ascertainment of handicapped pupils remained unaltered, and are satisfactory except in the case of the educationally subnormal, where the continued lack of an educational psychologist caused considerable delay in psychometric testing of children reported as being backward at school. Although there are now two medical officers approved under Article 53 of the Handicapped Pupils and School Health Service Regulations, the time of the assistant medical officers is so fully occupied during the school terms that there is often serious delay in ascertainment.

Close liaison is maintained with the paediatric department of Southend General Hospital and in suitable cases, chiefly the ascertainment of the deaf, children have been referred to special clinics in London.

SPECIAL SCHOOLS

Plans have been prepared for the future enlargement of the Day Open Air School, the first stage of which, comprising two additional classrooms, has been retained in the building programme for 1951-52. In the meantime the restoration, even of the present inadequate premises to their proper use, is of prime importance. We have now been ten years without any local provision whatever for delicate and physically handicapped pupils, a situation which must cause grave concern, no matter what reasons compel it.

The need for expansion of the Day Special School for educationally subnormal children has been recognised by the decision to provide a new school of 100 places on a different site. This project also has been retained in the building programme for 1951-52. For the present the school in Great Eastern Avenue continues to operate under some difficulties and with insufficient places to satisfy the demand.

The provision of special classes for educationally subnormal children in the ordinary schools is also insufficient.

Reference has been made on several occasions in the past to the lengthy waiting list of residential special schools and the position remains very difficult.

The following table shows the number of children maintained during the year in residential special schools not provided by the authority:—

BLIND AND PARTIALLY SIGHTED

	<i>Boys</i>	<i>Girls</i>
Chorleywood College	—	2
Sunshine Home, East Grinstead	1	—
West of England School for the Partially Sighted	1	1
Dorton House, Aylesbury	3	—
Brighton School for Partially Sighted Boys ...	2	—
Barclay School for Partially Sighted Girls ...	—	1

DEAF AND PARTIALLY DEAF

	<i>Boys</i>	<i>Girls</i>
Royal School for the Deaf, Margate	4	1
Royal Institution for the Deaf, Derby	—	2
Royal School for the Deaf & Dumb, Martley, Worcester	2	—
Brighton School for Partially Deaf	1	1

EDUCATIONALLY SUBNORMAL

	<i>Boys</i>	<i>Girls</i>
Beacon School, Lichfield	1	—
Littleton House, Girton	2	—

PHYSICALLY DEFECTIVE AND DELICATE

	<i>Boys</i>	<i>Girls</i>
Etherington Hall, Speldhurst	—	1
Hinwick Hall, Wellingborough	1	—
Hurst Lea, Sevenoaks	1	—
St. Catherine's Home, Ventnor	2	—
St. Patrick's, Hayling Island	—	2
Palace School, Ely	—	1
Coney Hill School, Margate	—	—
West Wickham Heart Hospital	—	2
Port Regis Open Air School, Broadstairs	—	2
St. Monica's Home, Kingsdown	1	1
Charlton House, Shaftesbury	—	—
St. John's, Chigwell	1	—
St. John's, Kemp Town	—	1
Holy Cross Convent, Broadstairs	1	—
Anthony and Annie Muller Home, Broadstairs	1	—

EPILEPTIC

	<i>Boys</i>	<i>Girls</i>
Chalfont Colony	1	—
Colthurst House School	—	1

MALADJUSTED

	<i>Boys</i>	<i>Girls</i>
Walton Elm School	—	2

NURSERY CLASSES

The classes at Thorpe, Bournemouth Park Road, and the Open Air School were continued as usual; they are very popular with parents and the demand for admission always exceeds the available places.

The health of the children has been good and no special medical problems arose during the year. All children are medically examined prior to their first entry to a Nursery Class.

TRAINING OF DISABLED PERSONS

Students attending the Ministry of Labour's training courses for Disabled Persons at the Municipal College are offered medical examination under the School Health Service. Twenty students were examined under this scheme during the year.

There is a wide variety in the medical conditions qualifying disabled persons for inclusion in these courses and in many cases it is found that the students are already under medical supervision, either at the hospital, the chest clinic, or their general practitioner.

JUVENILE EMPLOYMENT

Applications for juvenile employment have shown an increase since the raising of the school leaving age. 310 boys and 32 girls were examined for regular employment. Of these, 61 boys and 6 girls were pupils attending Grammar Schools. In addition 27 girls were examined for temporary theatrical licences.

The development of the Advisory Youth Employment Service for school leavers led to the adoption of a new procedure designed to ensure that the Youth Employment Committee when advising a child leaving school on the choice of a career, should be informed of any restrictions as to type of employment which may be considered advisable in the light of his medical history.

Head Teachers' school leaving reports are scrutinised by the School Medical Officers in conjunction with the children's medical records. In the majority of cases, where no recommendation regarding restriction of employment is indicated, the report forms are stamped and returned to the Youth Employment Officer. If the records indicate a need for advice as to restricted choice of employment, the School Medical Officer completes a School Leaving Medical Report (Form Y.9) making the appropriate recommendation, after consultation with the Head Teacher or re-examination of the child as may be necessary. In the case of more serious physical handicaps, where registration as a disabled person is recommended, the child is examined and after consultation with the parent, the special School Leaving Medical Report for Disabled Juveniles (Form E.D.211 (D.P.)) is completed.

SPECIAL INVESTIGATIONS

In November a report was received of the occurrence of nausea and vomiting among a number of children at St. Bernards High School. Eight girls in one class and three in another complained of symptoms on the 17th and 18th November. Nausea was present in all cases. In addition three of the children had vomited, four complained of headache, and four gave a history of slight sore throat at varying intervals from one to six days before the onset of nausea. One girl had diarrhoea but stated that she was frequently susceptible to this. None of the children was seriously ill and examination disclosed no objective signs of disease.

The possibility of food poisoning appeared unlikely, both on account of the time distribution of the onset of symptoms and because

these were the only children affected out of six hundred who consumed the school meal. There was no evidence to contradict the children's denial that they had together eaten some undisclosed article of food.

The form containing the first eight girls had been occupied in the chemical laboratory and the possibility of coal gas poisoning from a leaky tap was therefore considered, but no confirmation of this was found, and in any case it would not have explained the occurrence of similar symptoms in three girls in another form.

Other possible causes were considered only to be rejected, and it appears likely that this was a localised outbreak of epidemic nausea and vomiting of unknown aetiology, such as has been reported as occurring among groups of children and juvenile factory workers.

* * *

In October there arrived in Southend 20 German children sponsored by the "British Aid for German Workers" children's hospitality scheme, with a view to their spending three months in England in the homes of volunteer foster parents. The Education Committee had agreed to make available to them the facilities of the School Health Service and arrangements were made for them to be medically examined on arrival, and also, for purposes of comparison, prior to their return to Germany at the end of their stay.

On arrival in the Borough late at night they were accommodated in Crowstone Congregational Church Hall for the night, and were there inspected by a medical officer. The object of this preliminary "screening" was to pick out any child who might be ill or in an infective state on arrival.

The following morning the children attended at the Municipal Health Centre, where they were weighed, inspected in detail by a medical officer and dental surgeon, and subsequently had their chests screened by the Consultant Chest Physician at Lancaster House Chest Clinic.

The general condition of the children was in most cases assessed as "fair" (B) but many of them were recorded as showing pallor and the general impression of the examiners was that their physical development was poorer than that of unselected Southend children of the same ages. The incidence of dental caries was not greater than average. There were several children with minor septic sores and two cases of slight nit infestation. In general the state of bodily cleanliness was poor, but the children had been travelling for 48 hours prior to examination and no information was available as to the conditions under which they had been living before coming to England.

X-ray screening of their chests showed no evidence of active disease in any child, though in a few cases evidence of healed primary foci in the lungs was noted.

It is not known to what extent these children were typical of the child population of Germany at the time, but it seems likely that they were to some extent specially selected, and all observers agree their physical condition was less favourable than that of average British children.

On re-examination in January 1950, at the end of their stay in England, all the children were found to have gained weight, the average increase being 11.1 lbs. for the girls and 7.75 lbs. for the boys. Increase in weight, however, was only one factor in the marked improvement in the general condition exhibited by the children. All except three were placed in a higher nutritional category on re-examination, and all showed improvement in colour and muscle-tone. They were alert, lively, and in good health, and there is no doubt that they had benefited very much by their stay in England.

PRIMARY AND SECONDARY SCHOOLS

RETURN OF MEDICAL INSPECTIONS:—YEAR ENDED 31ST DECEMBER, 1949.

TABLE I.

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—

Entrants	...	...	...	2,529
Second Age Group	...	...	...	1,662
Third Age Group	...	...	...	1,484
Total	...	...	...	5,675

Number of other Periodic Inspections

B. OTHER INSPECTIONS.

Number of Special Inspections	...	6,643
Number of Re-Inspections	...	4,606
Total	...	11,249

C. PUPILS FOUND TO REQUIRE TREATMENT.

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table II A	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	61	190	241
Second Age Group	108	110	205
Third Age Group	90	99	185
Other Periodic Inspections	—	—	—
Grand Total	259	399	631

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1949.

Defect Code No.	Defect or Disease (1)	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
4	Skin	32	56	574	13
5	Eyes—				
	a. Vision ..	259	365	1153	40
	b. Squint ..	31	50	21	2
	c. Other ..	31	6	237	25
6	Ears—				
	a. Hearing ..	8	12	22	3
	b. Otitis Media ..	9	17	70	3
	c. Other ..	5	1	113	12
7	Nose or Throat ..	55	405	579	51
8	Speech	19	24	2	—
9	Cervical Glands ..	4	78	48	14
10	Heart and Circulation	—	33	7	2
11	Lungs	4	195	40	30
12	Developmental :—				
	(a) Hernia ..	16	46	9	2
	(b) Other ..	34	99	6	4
13	Orthopaedic :—				
	(a) Posture ..	3	123	2	2
	(b) Flat foot ..	93	167	50	2
	(c) Other ..	19	118	248	21
14	Nervous system :—				
	(a) Epilepsy ..	—	14	3	—
	(b) Other ..	—	13	9	25
15	Psychological :— ..				
	(a) Development	1	40	8	3
	(b) Stability ..	1	43	98	3
16	Other	56	186	1070	206

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED
DURING THE YEAR IN THE AGE GROUPS.

Age Groups	Number of Pupils inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col 2	No.	% of col. 2	No.	% of col 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	2529	858	33.9	1586	62.7	85	3.4
Second Age Group	1662	513	30.9	1068	64.2	81	4.9
Third Age Group	1484	475	32.0	936	63.1	73	4.9
Other Periodic Inspections ..	—	—	—	—	—	—	—
Total	5675	1846	32.5	3590	63.3	239	4.2

TABLE III.

TREATMENT TABLES

GROUP I—MINOR AILMENTS:—

(a)

*Number of Defects
treated, or under
treatment during
the year*

Skin—

Ringworm—Scalp:

(i) X-Ray treatment —

(ii) Other treatment —

Ringworm—Body 6

Scabies 13

Impetigo 89

Other skin diseases 465

Eye Disease 243

(External and other, but excluding errors of refraction,
squint and cases admitted to hospital).

Ear Defects 202*Miscellaneous* 1,097

(e.g. minor injuries, bruises, sores, chilblains, etc).

Total 2,115

(b) Total number of attendances at Authority's minor
ailment clinics 4,954

GROUP II—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group I):—

				<i>No. of defects dealt with</i>
<i>Errors of Refraction</i> (including squint)	...	...		916
Other defects or diseases of the eyes (excluding those recorded in Group I)	...	...	...	18
Total	...	...		934
Number of Pupils for whom spectacles were				
(a) Prescribed	...	...	...	681
(b) Known to have been obtained	...	...		129

GROUP III—TREATMENT OF DEFECTS OF NOSE AND THROAT.

				<i>Total number treated</i>
Received operative treatment—				
(a) for adenoids and chronic tonsillitis	...	...		528
(b) for other nose and throat conditions	...			4
Received other forms of treatment	...	...		28
Total	...	...		560

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) No. treated as in-patients in hospitals or hospital schools	...	...	...	...	...	44
(b) No. treated otherwise, e.g. in clinics or outpatient departments	...	...	...	...	...	147

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

No. of pupils treated—						
(a) under Child Guidance arrangements	...					92
(b) under Speech Therapy arrangements	...					52

TABLE IV.

DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers:—						
(a) Periodic age groups	...	...	...	...	...	3,928
(b) Specials	...	...	...	...	...	3,433
(c) TOTAL (Periodic and Specials)	...	...	...	...	...	7,361
(2) Number found to require treatment	...	...	...	...	...	5,302
(3) Number actually treated	...	...	...	...	...	4,947
(4) Attendances made by pupils for treatment	...	...	...	...	...	8,178
(5) Half-days devoted to:—						
(a) Inspection	...	...	...	...	...	22
(b) Treatment	...	...	...	...	...	589
Total (a) and (b)	...	...	...	...	...	611
(6) Fillings:—						
Permanent Teeth	...	...	...	...	...	923
Temporary Teeth	...	...	...	...	...	101
Total	...	...	...	...	...	1,024
(7) Extractions:—						
Permanent Teeth	...	...	...	...	...	1,200
Temporary Teeth	...	...	...	...	...	6,390
Total	...	...	...	...	...	7,590
(8) Administration of general anaesthetics for extraction	...	...	...	...	...	4,054
(9) Other operations:—						
(a) Permanent Teeth	...	...	...	...	...	2,257
(b) Temporary Teeth	...	...	...	...	...	11
Total (a) and (b)	...	...	...	...	...	2,268

TABLE V.

INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by school nurses or other authorized persons	...	40,286
(ii) Number of individual pupils found to be infested	...	358

